EASY LESSONS IN PSYCHOANALYSIS

ANDRÉ TRIDON

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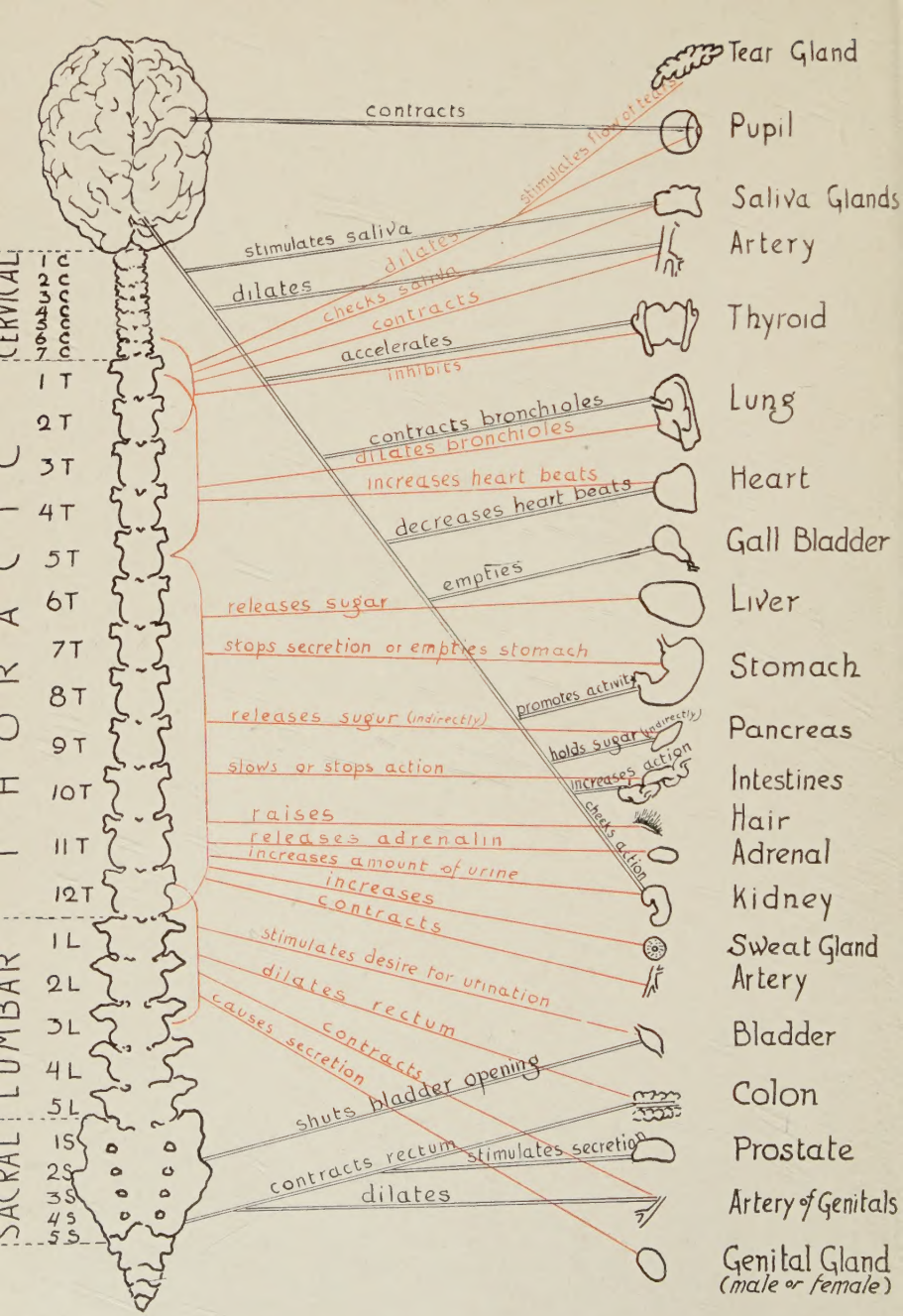
Tear Gland
contracts
Pupil
stimulates flow of tears
Saliva Glands
stimulates saliva
dilates
Artery
dilates
checks saliva
contracts
Thyroid
accelerates
inhibits
Lung
contracts bronchioles
dilates bronchioles
Heart
increases heart beats
decreases heart beats
Gall Bladder
empties
Liver
releases sugar
Stomach
stops secretion or empties stomach
promotes activity
releases sugar (indirectly)
holds sugar (indirectly)
Pancreas
slows or stops action
increases action
Intestines
checks action
raises
Hair
releases adrenalin
Adrenal
increases amount of urine
Kidney
increases
contracts
Sweat Gland
Artery
stimulates desire for urination
dilates rectum
Bladder
contracts
causes secretion
shuts bladder opening
Colon
contracts rectum
stimulates secretion
Prostate
dilates
Artery of Genitals
Genital Gland
(male or female)
CERVICAL
1C
2C
3C
4C
5C
6C
7C
8C
THORACIC
1T
2T
3T
4T
5T
6T
7T
8T
9T
10T
11T
12T
LUMBAR
1L
2L
3L
4L
5L
SACRAL
1S
2S
3S
4S
5S

EASY LESSONS
IN
PSYCHOANALYSIS

by

ANDRÉ TRIDON

Author of "Psychoanalysis, Its History, Theory and Practice" "Psychoanalysis and Behaviour," "Psychoanalysis, Sleep and Dreams," etc.

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This book is respectfully
dedicated to
Dr. ALFRED ADLER
of Vienna, Austria

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BOOKS BY ANDRE TRIDON

Psychoanalysis—Its History, Theory and Practice
Third printing—Huebsch 1919

Psychoanalysis and Behavior
Second printing—Knopf 1920

Psychoanalysis, Sleep and Dreams
Knopf 1921

Introduction to Freud's Dream Psychology
McCann 1920

Happiness in Sex
Boni and Liveright 1921

Easy Lessons in Psychoanalysis
McCann 1921

Introduction

This is essentially a primer of psychoanalysis. It aims at presenting in simple language the essentials of a science which has reached a high degree of development and accuracy, but which like every other science, has been evolving and has not reached, nor will ever reach, the end of its evolution.

As I will explain in the last chapter of this book, there have been several tendencies manifesting themselves in psychoanalysis.

Freudians, Jungians and Adlerians do not always agree on minor points, altho they all agree as to the psychoanalytic viewpoint.

Siding with any one group is futile and causes one to exclude priceless material. The three tendencies can easily be combined. If to Freud's, Jung's and Adler's hypothesis we add Kempf's theory of the personality and clarify the

mysteries of the unconscious by adopting Crile's electrical view of life, we finally have a body of doctrine based on solid scientific ground.

Many psychoanalysts, following the line of least effort, have refused to deviate from the path blazed by Freud, and they have created among laymen the impression that the words *freudian* and *psychoanalytic* were interchangeable terms. This is the more regrettable as some of the great pioneer's early and unavoidable exaggerations, especially in regard to sexuality, have appeared unacceptable to many scientists, for, as Jung wrote me once, "they only suit a certain kind of mentality."

A purely "freudian" analysis stands in the same relation to modern analysis as the Half Moon stands to the Leviathan. The great liner carries out Fulton's principle that a ship generating her own power is superior to one relying on fickle winds, but modern ship builders, while revering Fulton's memory, do not turn to his notes for help when designing sea racers.

The following books are indispensable to stu-

dents who wish to acquaint themselves more closely with the various schools of psychoanalysis and with the physiological and physical research work which has enabled psychoanalysis to make gigantic strides in recent years in the conquest of neurotic ailments.

A. Adler.—The Neurotic Constitution. Moffat Yard.

W. B. Cannon.—Bodily Changes in Pain, Hunger, Fear and Rage. Appleton.

S. Freud.—Introduction to Psychoanalysis. Boni and Liveright.

S. Freud.—Dream Psychology. McCann.

E. S. Jelliffe.—The Technique of Psychoanalysis. *Nervous and Mental Disease Monograph Series.*

C. J. Jung.—Analytical Psychology. Moffat Yard.

E. J. Kempf.—The Autonomic Functions and the Personality. *Nervous and Mental Disease Monograph Series.*

J. Loeb.—Forced Movements, Tropisms and Animal Conduct. Lippincott.

A. Tridon.—Psychoanalysis, its History, Theory and Practice. Huebsch.

A. Tridon.—Psychoanalysis and Behavior. Knopf.

A. Tridon.—Psychoanalysis, Sleep and Dreams. Knopf.

A. Tridon.—Psychoanalysis and Love. Brentano.

October 15, 1921.

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EASY LESSONS IN PSYCHOANALYSIS

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LESSON I

The Psychoanalytic Viewpoint

"I must have said it unconsciously." "I must have done it unconsciously." This is usually your lame excuse for doing or saying things which were absolutely out of keeping with a certain situation. And after offering that explanation you feel you should not be held to account for some curious mistakes you made.

But the psychoanalyst will not let you go as easily as that. If John, while making love to Ethel, should call her Evelyn, Ethel, the psychoanalyst says, would be perfectly justified in resenting the part Evelyn plays in John's thoughts. Maybe John does not actually love Evelyn, but

Evelyn was "on his mind" when he made that "incomprehensible mistake."

There are no "mistakes," the psychoanalyst says. The things that "escape" us are the things we unconsciously wish to say. And, on the other hand, the things we cannot say, because apparently we have "forgotten" them, or which we vainly try to say, as when we are stammering, are things we do not wish to say.

It is distressing, is it not? For years I laughed at the theory. Now that I have mastered it, however, its application stares me in the face every day of my life.

A few months ago I was invited to a dinner at which I was to meet stodgy, uninteresting folks, strong on conventionalities. I entered the date in my engagement book for the 25th and on the morning of the 25th was asked over the 'phone what had kept me from the dinner the night before. I had to humiliate myself before my hostess and apologize for that rude breach of etiquette. How could I have made such a mistake about the date?

I had made that mistake because, while I really intended to go to that dinner, something in me held me back and did not wish to go.

A few weeks ago my wife and I stood perplexed in front of a house where we had gone at about 10 o'clock in the evening, all dressed up for a very gay party, quite the opposite of the one I missed. Our hosts were out and the only thing for us to do was to smile and go home, for we had come 24 hours too soon. "Our unconscious couldn't wait" and had "made a mistake" which would have been flattering to our hosts.

How easily we forget to pay our bills! How hard it is for us to forget what others owe us!

This is, roughly speaking, the import of the new science, psychoanalysis, the psychology of the wish. There are many systems of psychology, some of them very ingenious indeed, but their appeal is slight, except to sentimental scholars who make a living by teaching them.

Platonism, Bergsonism or Hegelism are interesting hypotheses, but neither a teacher nor a banker nor a physician could apply them in the

conduct of their business or profession. And the world is tired of theories which cannot be put into practice in the daily life of the average man.

When Freud, on the other hand, after making a slow, painstaking study of thousands of dreams and after noting carefully the striking relationship existing between the dreams of neurotics and their ailments, formulated his *wish fulfilment theory,* the world acquired at last a decidedly practical system of psychological research.

An inner force or urge, which Freud calls the *libido,* is constantly striving to express itself thru overt acts. The primitive brute which is in us is trying to act as freely as the caveman of ten thousand years ago did before civilisation placed a restraint upon human actions. If that force cannot express itself normally, it will express itself abnormally. If steam in a boiler does not find a natural outlet thru a safety valve, the pressure thus generated will explode the boiler and thereby create an unnatural outlet.

When the desire for normal sexual gratifica-

tion, for instance, has been repressed long enough, it attains its end in a way which is not exactly abnormal but which is not absolutely natural either, thru erotic dreams.

Repressed cravings seeking gratification are the cause of every nervous disturbance, be it apparently mental or apparently physical or both mental and physical.

In order to understand clearly morbid psychological phenomena translating themselves at times into physical symptoms, we must first determine, thru many tests, what are the repressed cravings responsible for them.

When we find that out we can then gradually help the neurotic to see the actual motives back of his faulty actions, the unconscious reasons for his morbid states or his morbid behavior.

We can also, in the great majority of cases, suggest an acceptable safety valve for the pent-up force which, if repressed any longer, would probably disrupt the human boiler.

Without going into any more details of that procedure, we may point out several simple and

practical applications of the analytic point of view in every-day psychology.

If a teacher notices, for instance, that a child always forgets certain things, and if he remembers that that child forgets them because he unconsciously wishes to forget them, he may make those reasons clear to the child; after which the child can watch himself and stop forgetting.

If a banker notices that one of his tellers always makes a certain class of mistakes, he may, according to the unconscious wish those mistakes indicate, either dismiss the clerk as unreliable or treat him as an unconsciously disturbed employee and help him to become efficient.

If a physician convinces himself that a certain nervous disorder is an asset to his patient, he may gradually open the patient's eyes to that abnormal wish fulfillment and make him healthy.

In other words, everything has a reason, even if at times the reason is an unconscious, absurd one; finding out the reasons for every form of human behavior is the only practical way of knowing ourselves and others.

The observations of psychoanalysis have restricted considerably the sphere of influence of heredity, a superstitious belief in which has wrecked many minds. Psychoanalysis has also discarded the theory that a shock is responsible for nervous disturbances. It has proved that neurotic conduct is not the result of an accident any more than it is due to a mysterious something we have inherited, but is an *attitude* adopted for absurd reasons, after thousands of small incidents of our life have forced us to deviate from the normal path.

By tracing many abnormalities in the adult to repressions that took place in infancy and childhood, psychoanalysis throws a flood of light upon the development of the child's soul. It has revealed to us that the attitude of parents to children is directly responsible for the children's happiness or unhappiness, for their normality or abnormality in after life. It has proved that the most poisonous element in life is fear and hence that fear should be eliminated entirely from our educational system.

Psychoanalysis has thousands of practical applications not only to human conduct and behavior but to the interpretation of the products of the human mind. It explains all the arts and all human progress as an attempted gratification of the race's desires and dreams. The discontented who cannot delight in the noises, colors and shapes of an ugly world have given us beautiful music, paintings and statues. Obsessed by a desire to escape the limitations of human physiology, which give rise to many dreams of flying, man has acquired wings and now flies.

Psychoanalysis will some day reform our penal system entirely and substitute treatment of offenders for punishment. It has shown that prison delusions (for instance, of the Peter Ibbetson type) affect men sentenced to long terms, defeat absolutely the aim of legislators and preclude the possibility of the prisoner's reforming.

After 2000 years, psychology has finally realized the truth of Socrates' motto: "Know thyself." Therein resides all wisdom; there begins the road to normal, healthy life. Socrates un-

fortunately did not make his method sufficiently clear or practical. Psychoanalysts have improved upon it and have devised ways and means whereby a wonderful apparatus for self study has been placed in every one's hands.

LESSON II

Dreams and Their Meaning

I stated in the first lesson that the psychoanalytic point of view was arrived at from a study of dreams and of the relationship of a neurotic's dreams to his ailment.

We must therefore master the psychoanalytic theory of dreams before proceeding any further.

Mankind has always suspected that dreams had a meaning, but it has also either exaggerated or minimized that meaning. It considers dreams either as foolish visions or as solemn warnings from the gods. They are neither. They are very important productions of the human mind and in fifty years from now there will not be a physician who, even when treating purely physical ailments, will not make it his business to inquire about his patient's dreams.

The statement made by the Viennese physician,

Freud, some forty years ago, that we always do in our dreams the things which we wanted to do but could not do in our waking life, is being accepted by more and more scientists as an indisputable fact.

I know how indignant certain readers will feel when reading this. Maybe a fond mother dreamed that her beloved child was dead. Another dreamer may have fallen off a high tower and another may have courted in his dreams a girl who in reality is totally unattractive to him, and yet I maintain that such examples as these do not in the least invalidate the theory of wish fulfillment.

Another statement psychoanalysis makes is that the dream is the guardian, not the disturber, of our sleep, and that there never has been or can be dreamless sleep, unless it be sleep induced by narcotics, which is not sleep but "a mild form of death." We dream all night, from the minute we close our eyes to the time when we open them again and those who imagine that they never

dream are people who simply forget all their dreams.

Our thinking during our sleeping hours is pretty much like our thinking during our waking states, with one difference, however. We visualize all our thoughts during our sleep. All our dreams are visions, which now and then include some sensation of taste, smell, or hearing, but the vision is the thing.

Dreams and movies are closely related. Movies also visualize everything. They do not tell us that the hero is saving the heroine's life. He is shown rescuing her from death. That simplifies things greatly, or rather compels the author of movie scenarios to simplify his story so as to include only such parts of it which can be shown on the screen. Delicate shades of meaning, subtle changes of mood cannot very well be indicated by movie action.

"Reel" life is not exactly "real" life. Dream life is not exactly waking life either. Things in dreams are simplified, as they are in the movies. In dreams, we accomplish things very rapidly.

We run or fly at terrific speed and nothing usually impedes our progress. We are terribly strong and always in the center of the stage.

On the other hand, the habits of our waking life do not desert us entirely when we dream. There is a good deal of hypocrisy in our daily life, things we cannot say or do, because they do not exactly sound or look nice and which we cover up with harmless formulæ. In our dreams, too, we manifest a good deal of hypocrisy and when we lack the courage to say things outright, we manage to say them thru symbols.

Symbols are curious things. Our language is full of them and so are religious ritual and the ceremonies of secret societies, and at times they are very picturesque. When we wish to imply that a man's head is full of absurd, chaotic ideas we say in slang that there are "bats in his belfry." Do you not see how in a dream a belfry could symbolize a head, and bats, morbid, sinister and absurd ideas?

Our dreams are made up of symbolic actions which are, however, easily deciphered, for sym-

bols mean the same thing all over the world and have always meant the same thing. A nightmare is nothing but a dream so symbolical that we cannot understand its meaning and the image it conjures up frightens us. As soon as a sufferer from frequent nightmares, however, learns to interpret them and understand their meaning, he ceases to have them or to be frightened by them.

Let us now revert to the dreams I mentioned at the beginning of this article. A mother dreams of the death of her child. Does it mean she wishes the child to die? By no means. No more so than she would wish her neighbor's child to die when that youngster is disturbing the neighborhood and she says: "I could kill that youngster." "I could kill that youngster" simply means "I wish that youngster would keep quiet."

Young mothers whose social activities have been interrupted, if not entirely stopped, by motherhood, very often have such horrible dreams about their babies. Such dreams merely remove by a simple, radical and movie-like method, the obstacles to their activity, freedom and en-

joyment of social pleasures. Let no young woman think she is a potential murderess or a heartless brute because she dreams of her baby's death. As soon as she realizes what those dreams mean, she will cease to have them.

One woman told Freud that she dreamt of the funeral of her little nephew of whom she was very fond. What kind of a wish fulfillment was that? Well, it turned out that at another nephew's funeral she met a man with whom she fell in love afterwards and who then abandoned her. The dream brought her back to the occasion on which she had first met the loved man.

We observe the same phenomenon in real life. A man who has called a little too often on a woman, and is short of excuses for calling once more, may go to her house and ask everybody about the umbrella he left there at the time of his last visit. The umbrella will play a leading part in his conversation. Everybody will be talking about it. But the real object of his call (known only to him and probably to her) is his desire to see her.

The dream acts like the crafty owner of the umbrella. By devious ways, when direct ways fail, it enables us to gratify all the cravings which life in civilized communities compels us to repress.

Dream interpretation is not an idle pastime. It reveals to us our attitude to every problem of life, for we spend the night seeking solutions for our problems. (This is why we are always advised "to sleep on it.") It reveals many cravings which we could probably gratify in acceptable, social ways; for example: A man who dreams every night that he is exhibiting himself in public should try to be an actor, a speaker, or a public man of some kind.

Falling dreams are simply the way in which our unconscious expresses the passage from the free, unrestricted, simplified life we lead in dreams to the life of social bondage we lead after awakening. It is not the dream which wakes us up, but the awakening which produces the falling dream. Whoever has such dreams should train himself to face his daily life with its tasks

and accept them as unavoidable. After this, falling dreams will cease.

Dreams may call our attention to some disease of which we are not conscious; tooth dreams often reveal a pus pocket, an abscess or an infection.

Dream interpretation is not very difficult, but it requires a great deal of patience and accuracy. Do not try to interpret one dream. Collect dreams for several weeks before attempting to solve their meanings. Never interpret anyone else's dreams without the dreamer's help. For all dreams contain allusions to the events of our daily life, and the various details of one's dreams conjure up associations which only the dreamer can understand.

One image which means something to you may mean just the opposite to some other dreamer. Psychoanalysis never ignores the fact that every individual is different from every other individual, because the experiences which constitute his unconscious thoughts are unavoidably different from those of any other human being.

Dreams of the past, especially of infancy, are not healthy, nor are dreams that frighten us, or are so involved that we do not understand them. Dreams of the present and the future, preferably when pleasant and very obvious, are good and healthy. Remember, however, that we can watch our unconscious thoughts as well as our conscious thoughts and that watching our dreams makes them become normal after a while.

LESSON III

The Mind and the Brain

Nervous ailments are so commonly spoken of as "mental diseases," "diseases of the mind," "brain diseases," etc., that a consideration of the words brain and mind is absolutely unavoidable before we can discuss such ailments intelligently.

Dr. Crile's numberless experiments prove conclusively that the life force, what Bergson calls the vital urge, the something which is found in a living organism and is not found in a dead organism and produces the various activities known as life, is merely an electric current.

According to this theory which is not new, but which had never before been presented as convincingly, the brain is simply a complicated generator of electric current.

The brain, in other words, is an agglomeration of tiny electric batteries, the brain cells, which

are very much like the ordinary wet batteries furnishing current for door bells.

The production of electric energy seems to be the only function of the brain cells. The brain cells do not occupy themselves with any other task.

They do not grow and multiply as other cells of the body do.

After we reach a certain age their number is constant. When a brain cell is destroyed no other cell takes its place.

Brain cells do not store up their own food, sugar and fat, as other cells do, and therefore do not protect themselves against starvation.

In fact they do not protect themselves against anything, lack of oxygen, acidosis and other dangerous chemical changes.

Nor do they try to protect the body.

They are extremely helpless and outside of their specific functions, entirely useless.

The brain, in other words, can be compared to an electric power house which produces enough electricity to run all the activities of a small town.

The power house produces nothing besides electricity, not even its own fuel. The town must house it, protect it, feed it and tend it. Should the dynamo be damaged all the activities of the town would be slowed down. Should it be put out of order, the life of the town would be suspended.

The dynamo produces power. That power is transmitted thru cables, wires, etc., runs trolley cars, lights street lamps, turns a dentist's drill, bakes bread, ventilates a cellar, puts a criminal to death, etc. But the dynamo does not control the final disposition made of the current it generates.

On one and the same socket may be plugged wires, one of which may save a life, the other destroy life.

The same can be said of the brain. The brain does not seem to "care" about what becomes of the power it generates. If we cut two nerves A and B, doing entirely different things and splice them the wrong way, A to B and B to A, the far end of A will do what it has always done,

thanks to the power going down to the end of B which is attached to the brain. B will do its specific work, for instance, contracting a finger, thanks to power coming thru the end of A attached to the brain altho the function of A may be to move a leg.

As Crile says: "If we could attach the optic nerve to the ear and the auditory nerve to the eye, we could see the thunder and hear the lightning."

Locating the mind, soul, intelligence, will power, or what not in the brain, is a very unscientific procedure, prompted probably as Kempf suggests by a desire to keep the "higher" functions of the individual as far as possible above the "lower" and "sinful" regions of the body.

The fact that the most important sense organ, the organ of sight and several other important organs, those of hearing, taste and smell, are located in the armor of bone and flesh which covers the brain, has caused people to confer upon the brain a dignity which really belongs to the head.

Furthermore the enormous network of nerves supplying with power all the organs located in the skull and which is naturally the source of many aches, slight or severe, has misled us into the belief that "headaches," "pressure in the head" and other uncomfortable sensations experienced above the shoulders are in some mysterious way connected with the brain, caused by it or affect it.

"Brain-splitting noises," "my brain is exhausted," "my brain has been affected or dulled by alcohol, or tobacco or onanism," are picturesque but absolutely inaccurate, if not meaningless expressions.

They are dangerous expressions, however, because they generate fears leading at times to grave disorders. Coupled with a superstitious belief in the fateful power of heredity, stories of "disordered" brains have wrecked entire families.

A mother who commits suicide may cause all her children to do likewise or to end their days in insane asylums, if the poor deluded fools admit readily that they have "inherited" their mother's

"diseased brain" and hence must be "mentally abnormal."

The day when we make people realize that the brain is a more or less blind, deaf and dumb dynamo, just as the kidney and liver are blind, deaf and dumb garbage reducing plants, and the heart a blind, deaf and dumb blood pump, and that the specific impulses to do specific things come from elsewhere, we shall reduce considerably the number of people who believe themselves victims of "brain-disease" and act accordingly.

Of course, certain injuries to the brain cause mental disturbances. Damage inflicted upon the switchboard of a large hotel may cause a crossing of wires and other disturbances in the system of communications of such an establishment.

In certain cases, neither medical help nor psychotherapy would avail. A flesh wound heals. A brain wound does not heal.

If the part of the brain which supplies power to one leg has been destroyed, let us say by a bullet, nothing will ever enable that leg to move naturally again.

On the other hand, mere injury to the brain does not necessarily result in neurosis or insanity unless the neurosis or insanity existed before the injury was inflicted.

Osnato has shown that only those syphilitics who, before contracting that disease, were neurotic, ever become insane afterward, merging in what is known as paresis or softening of the brain.

Many soldiers have been shot thru the brain and yet have not shown any impairment of their faculties.

No one *has* to become insane *unless he unconsciously wishes to do so.*

LESSON IV

The Human Machine, Its Motor and Its Brake

Electricity generated in the brain cells is carried to every part of the body along wires known as nerves.

There are two kinds of nerves in the body. One system of nerves, designated as the *sensori-motor system,* corresponds very closely to the switchboard in use in hotels or apartment houses. It brings information and sends out directions. I am in my room and the switchboard operator announces that Mr. Brown is calling on me.

According to my feelings toward Mr. Brown I will send word that I am out or that he may come up.

Likewise the *sensory* nerves carry information to the central nervous system that the radiator my finger is touching, is cold or too hot. If it is

too hot, an order is sent along a *motor* nerve to remove my finger.

From the point of view of psychology, that system of nerves is not very interesting. A man could have all his *sensory* nerves and almost all his *motor* nerves cut, for instance, become blind, deaf, dumb, unable to taste or smell, to move his limbs, his head, his eyes, etc., and yet remain alive and continue to think.

There is another nervous system, however, upon whose activities all normal and abnormal psychological phenomena depend.

It is called the *autonomic nervous system.* It functions as a motor and a brake for the internal organs or viscera, glands, heart, lung, stomach, liver, intestines, bladder, kidney, pancreas, adrenals, etc., and also for the pupil of the eye, the genitals, the rectum, etc.

I stated that it was a motor and a brake, for one division of that nervous system, the end division (whose nerves start from the brain and the sacral region) acts as a motor, the middle di-

vision (whose nerves originate in the thoracic and lumbar section) acts as a brake.

For instance, the end division causes the stomach to contract and to churn food which is moved toward the intestines; the middle division stops the contractions of the stomach or causes the stomach to empty itself by moving the food toward the mouth, producing nausea and vomiting, etc.

The frontispiece map illustrates the workings of the autonomic system. The nerves which activate the internal organs and promote what we might call the normal life are represented by a double black line. Those which stop or modify the life activities are represented by red lines. It goes without saying that this map greatly simplifies the appearance of the autonomic system. The connections between the brain or the spinal cord and the various organs are in reality infinitely more complicated. Nor have I taken any pains to respect the actual positions or size of the various organs which are represented on the right-hand side of the map.

We can see by that map how the two divisions are constantly at cross purposes, balancing each other, as it were.

The black, or life nerves, contract the pupil, enabling us to see very distinctly, much as a photographer who wishes to take a very detailed picture uses as small a diaphragm opening as possible.

The red, or safety nerves will, *in case of danger,* dilate the pupil, enabling us to admit more light and enlarging also our field of vision, that is, enabling us to see farther up and down, right and left, altho at the expense of accuracy.

The life nerves cause the heart to beat slowly, hence, to pump the blood out of the veins and into the arteries with great force and thoroness, without developing exhaustion.

The red nerves cause the heart, *when danger is present or expected,* to beat very fast, throwing as much oxygenated blood as possible into the limbs which must take to flight or fight.

The life nerves cause the stomach to do its work energetically.

The red nerves, *in danger,* stop at once the digestive process and do not allow energy needed for fight or flight to be used for purposes of digestion or assimilation. (A simile from life: If a fire breaks out in a house at dinner time, we abandon the meal and either run away or fight the fire.)

The life nerves produce in the genital region the excitement which leads to the sexual act.

The red nerves, *in danger,* allay that excitement and make the sexual act impossible or difficult.

(Another simile from life: If a fire breaks out while we are courting a woman, all affectionate display will at once cease and our only thought, in this case as in the other, will be for flight or for extinguishing the fire.)

The black nerves contract the bladder opening and the rectum in order that we may pass feces or urine only when convenient.

In great danger, as for instance, when young, untrained soldiers go into battle, the red nerves may empty both bladder and intestine, thereby protecting them against the greater injury they

might sustain if receiving a wound while they are distended.

In danger, the red nerves allow large quantities of sugar (which is the body's fuel, burnt up in the brain) to flow suddenly into the blood stream, thus increasing the amount of energy available in an emergency.

They also allow the secretion of the adrenal glands, known as adrenin or adrenalin to flow freely, stiffening the muscles for fight or flight and making the blood clot more quickly, which closes wounds and saves the injured individual from bleeding to death.

The red nerves constitute, as we see, a remarkable *emergency system* and *safety device.* They prevent energy from being used in places where it is not needed.

We do not know exactly at the present time how this is done. Dr. Crile himself has refused to state whether energy flows from the brain into the black nerves and is at times switched out of the internal organs by the red nerves, or whether positive electricity flows in the black nerves and

negative electricity in the red nerves. Either hypothesis has merits and it is too early for us to decide which of them is the most scientific.

Leaving aside, however, such technical details which are not of vital interest to the layman, we can retain the first figure of speech, considering the black nerves as the motor of the inner organs and the red nerves as the brake.

In the perfectly normal human being, then, the black nerves should control all the functions of the body, the red nerves acting *in emergencies only.*

In other words, and to employ a clear simile: the motor of an automobile should be allowed free play except when turning corners, in crowded thorofares, going down a steep incline, or when a collision appears unavoidable. Then, *and then only* should the brake be applied.

In the hands of an inexperienced driver or of a "nervous" person *who sees danger where there is none,* or who recklessly rushes into danger and then jams the brakes, the brakes are being applied in and out of season.

The occupants of the machine are given unpleasant jolts and grow *"nervous,"* the body of the machine shakes, the machinery is, after a few weeks of such handling, thrown out of gear. And then, again, when the steering gear has been forced loose by too much jolting, when the cylinders pound, when the brakes are insecure and rattling sounds are heard, even a cold-blooded, experienced driver would also feel *"nervous."*

Likewise when the human machine has been handled carelessly in childhood, being started and stopped suddenly and without visible reason, *the human brakes may contract the habit of setting themselves in and out of season,* to save the organism from *imaginary* dangers.

Every stoppage of the engine in the human organism being due to anxiety, fear or anger, is interpreted in after life as anxiety, fear or anger.

If the process goes on long enough, we may face a neurotic condition which may remain very mild but which, on the other hand, may lead into violent *"manic"* outbursts or *"depressive"* suicidal moods.

LESSON V

The Conscious and the Unconscious

I said in the preceding lesson that a nervous driver was likely to render a car quite unsafe thru rough handling, after which the unsafe car would make any driver *"nervous,"* this nervousness leading to more misuse of the car and possibly to accidents.

Fear applies the brakes and every time the brakes are applied too suddenly the passengers in the car experience uneasiness and fear. This is a vicious circle which finds its absolute replica in the human organism.

Fear stops our digestion but if our digestion is stopped some time *without apparent cause* we experience a more or less concealed fear, *an imaginary fear,* which, in its turn, will derange some more our digestive processes.

Fear makes our heart throb and dilates our

pupil, but if something we know nothing about causes us to have violent palpitations, we will experience a curious uneasiness and express fear in our countenance.

Indigestion makes us grouchy, but grouchiness promotes indigestion, and so forth.

In other words, we cannot scientifically divide up human phenomena into physical phenomena, on the one hand and mental phenomena on the other hand. Everything human is at one and the same time mental, physical and chemical.

Nor should we try to solve the problem as to whether emotions precede or follow physical phenomena. What came first, the chicken or the egg?

Remembering this at every step we shall then inquire into the nature of the mysterious thing designated by psychologists as the *"unconscious."*

A man is delivering a lecture before you. You are *conscious* of him, that is, you see and hear him, you are conscious of his appearance, of his voice, of his gestures, of the platform on which he stands, of the desk in front of him, etc.

You leave the lecture hall and other interests absorb your attention. Three months later you have forgotten the lecturer.

Yet if some one mentions him to you, he will "come back" to you at once.

The question is: "Where was he before he came back?"

Answer: "He was in your *unconscious.*"

The size, color, shape, sound, etc., of that lecturer made an impression on a number of your nerves. If that impression was very pleasant, if he was a fine speaker, a good-looking man, if his voice was harmonious, etc., you will probably recall easily his name and appearance as well as the subject he spoke on that day *because you have no reason for forgetting that occasion.* (Demosthenes died several centuries ago, but the world has not *forgotten* him.)

On the other hand, if he was a dull, uninteresting bore, unprepossessing and cursed with an unpleasant voice, you will after a few months, perhaps a few days or hours *forget* him and only violent efforts on your part would "bring him back"

to your memory, *because you have every reason to wish to forget that occasion.*

The first occasion was pleasurable, hence the life nerves (see map, frontispiece), which transmit power to all sorts of pleasure-seeking-end activities, will respond with emotions similar to those experienced on the day of the lecture and which, being pleasurable, were beneficial to the organization and cause no *fear.*

The dull lecture being unenjoyable, if not painful, the red nerves will express *fear* at a repetition of that experience and prevent it from reproducing itself in any way.

The pleasure-pain, memory-forgetfulness coincidence is one which students of psychoanalysis should always bear in mind, incredible as it sounds at first.

If there is something you did once and of which you were and are proud, it will take little effort on your part to bring it back to memory. If you did something shameful, if some one humiliated you, if you encountered a defeat, you *will not care* to remember it and will probably

succeed in forgetting it *consciously*. As Nietszche put it: "'I have done that' my memory says. 'I couldn't have done such a thing' my pride retorts. In the end my memory yields."

In other words, your nerves have stored up or registered impressions, each one of them probably a slight physical and chemical modification, some of which can only be recalled with great difficulty, if at all, some of which come back easily.

Those records of impressions constitute our *unconscious*.

Let us now compare our conscious life with our unconscious life. Our conscious states are fleeting. They are like a swift running river pouring itself out into a subterranean lake which it never seems to fill. *Our conscious states are constantly becoming unconscious.* Pleasure and pain, fear, desire, hate, accumulate in our *unconscious* and seem to die out. We think they die but *none of them does.* Psychological tests will bring back to us memories harking back sometimes to the very first days of our life.

I repeat, the memories we can recall easily are

those of events which affected us pleasantly. If they were unpleasant or even humiliating, and yet we recall them easily, it is because we have derived some *superiority* from the unpleasantness or the humiliation they bring back to us.

It may have been humiliating once to be whipped by a brutal teacher, but if I succeeded, at the time or later, in establishing my moral superiority to the brutal teacher (for instance, if innocent of wrong-doing), I may recall the whipping with a certain pleasure.

"Buried" memories have a curious effect on us. We meet a man who to all appearances is harmless. Yet there is "something" we do not like about him. We feel uncomfortable in his presence.

Experience has proved that he suggests some one else whose memory is *"buried"* in our *unconscious* and *"refuses"* to come to consciousness, or rather, which our safety nerves do not allow to come to consciousness because it would bring with itself the memory of some fear, pain or humiliation.

We suddenly experience *without any "reason"* a profound depression, a desire to weep, etc. Something again has suggested an association between the present moment and a past incident which *we do not care* to bring up to consciousness.

Those unconscious associations are called *complexes.*

How do they come to establish themselves in our organism?

To make that process clear I must tell my readers of interesting laboratory experiments performed on dogs.

One experimenter prepared surgically a dog's stomach in such a way that secretions which flowed from the walls of that organ would run out of the body and into a test tube where they could be observed and measured.

As soon as the dog was given steak to eat, gastric juice began to flow into the test tube.

For several days, whenever the dog was fed, a bell was rung, the ringing being stopped only when the dog finished his meal.

In other words, while the dog was *seeing* a

piece of meat, *smelling* it, *chewing* it and *swallowing* it, his ear perceived one and the same sound. All the time gastric juice was flowing from his stomach into the test tube. Of course, the sound of the bell had absolutely nothing to do originally with the flow of gastric secretion which was caused by the *sight, smell, taste,* etc., of the meat. On a certain day, however, no meat was given to the dog but the bell was rung in his ears, and behold, gastric juice began to fill the test tube *as tho the dog had been eating meat.*

That fact that the sight, smell, etc., of meat was always accompanied by the sound of a bell gave the dog the impression that a bell sound was also one of the attributes of meat.

The dog, of course, never *thought* about it, but that impression recorded itself on his nerves and remained there.

This is what we call an association. For the rest of his life, which like that of every laboratory dog was useful but short, poor Fido must have been just as cheered or teased by the sound of a bell as he was by the sight of juicy steak. Steak

and bell were *unconsciously associated* in his "mind."

Let us now suppose that instead of being served steak Fido had been whipped while a bell was ringing. The mere sound of a bell would have, later on, sufficed to throw him into a panic. Suppose also that a whipping and a steak had been associated too long in Fido's life. He would have developed a complete distaste for steak.

Let us go further and instead of a dog consider a human being, especially a very young one, a child between five and ten, at the most impressionable age.

Let us suppose that on several occasions, or on one critical occasion, the child was whipped while a bell was ringing.

The child, humiliated and hurt, more humiliated than hurt, in fact, will make no effort to *remember* that distasteful incident.

Not only will he *not try to remember it* but he will do his best *to forget it.* The more humiliating the experience was the deeper he will bury it or *rather, the deeper it will bury itself in*

his unconscious. Then some day, maybe ten or twenty years later, he may develop some disturbance, one of the symptoms of which will be a morbid restlessness caused by the sound of bells. Bells may make him worried, fidgety. A design representing a bell may annoy or frighten him. When asked to form a sentence containing the word bell he may be at a loss to find something to say.[1]

He is affected with a bell *complex.* Complexes are then forgotten memories of unpleasant experiences which disturb our thinking. They are like bullets buried in the flesh, no one knows where, but which now and then cause sharp pains whose origin is a puzzle.

When thru psychological tests we succeed in bringing up to the surface of our consciousness those buried memories, we easily break up the unconscious associations which disturb us. When

[1] Dr. H. Laveson mentions in the *Medical Record* for May 21, 1921, a woman who was morbidly afraid of church towers. It came out that years before a church bell had been ringing continuously while her mother was undergoing a surgical operation followed by her death. The "forgotten" incident could only be recalled under hypnosis.

our thinking processes seem disturbed and no obvious reason can be assigned to that disturbance, we may conclude that one or several complexes are responsible for it. The task of psychoanalysis is to find out where the bullet is and then to extract it.

LESSON VI

Complexes and Education

A study of the associations and complexes which create disturbances in our thinking processes leads us back invariably to our childhood years. The formative period of the human organism is naturally the one in which our nerves become trained to react, almost automatically, *unconsciously* to certain stimuli.

After all, education simply means this: we are trained to react with desire to what we are told is "good," with fear to what we are told is "bad."

In many cases, however, we forget the causes of our likes and dislikes, and, moved by unconscious motives, that is, by forgotten associations, we act in irrational, morbid ways.

One of the cases treated by Freud illustrates well the influence certain "traumas" or wounds

inflicted on us in childhood may have on our behavior in later life.

A patient of his, a girl of 22, suffering from hysteria, was unable, during her crises, to drink out of a glass or cup. In those days they used hypnotism in the treatment of such cases, a procedure which has been entirely abandoned. Under hypnotism the girl used to mutter many disconnected sentences, in which the words "governess," "dog" and "cup" seemed to recur with curious frequency. Freud made her repeat them over and over again until she gradually began to build a consistent story which I will sum up as follows:

When a little girl, the patient was taken care of by a brutal governess of whom she was greatly afraid. One day the woman allowed her pet dog, a repulsive little animal, to lap milk out of the child's cup and then, without cleaning the cup, compelled the child to drink out of it. The child was profoundly disgusted, but fear of the stern governess caused her to repress her feelings and obey.

And years later, when she began to have hysterical fits, the fear and disgust which she had once succeeded in repressing, came to the surface and she was unable to drink out of a glass or cup.

It is not always cruel treatment on the part of parents, governesses, etc., which upsets a child's mental balance.

One of the saddest things revealed by the psychoanalytic examination of neurotics is that very often the best and most affectionate parents, are those who are likely to breed mentally unbalanced sons and daughters.

Affectionate parents must be on their guard constantly not to be too affectionate. The little boy generally favors his mother and the little girl her father, and this is perfectly natural. Human beings must feel keenly the attraction of the opposite sex, and when they are perfectly normal, they feel it at a very early age.

On the other hand, if a mother allows her boy to become too attached to her, if a father allows his little girl to idolize him too much, this exag-

gerated affection will be a terrible handicap in later life. Freud has gone as far as saying that this sort of over-attachment is the actual center of disturbance in every neurosis.

The victims of what analysts call a *"fixation"* on one of the parents will never be independent as long as they live and will always run back to father or mother figuratively, in emergencies.

They may never marry or if they do, they may make impossible life partners because in no other human being do they find the readily offered love and devotion, the disinterested advice, and self-sacrifice they found in their parents. No wife, however ideal she may be, can replace the mother in every respect nor should she be expected to do so.

A situation often arises in which the male child over-attached to his mother, more or less unconsciously considers his father as a rival and hates him, the female child nursing the same feelings against her mother. This is what is known as the *Oedipus complex* and *Electra complex.* Oedipus, King of Thebes, married his mother and

killed his father without knowing at the time who they were. Electra made her brother Orestes kill their mother Clytemnestra.

When the affections of the child have centered too completely on the parent of the same sex we often observe cases of perversion, men being attracted to men and women to women.

The pervert is not a criminal nor a vicious person. He is the victim of his wrong training and in many cases his trouble can be removed by proper treatment, not by punishment.

This brings us to the second of childhood problems, one which very few parents are willing to face and to solve properly.

When, how and by whom shall children be told the truth about sexual matters?

More and more psychologists are coming to the conclusion that children should be told the entire truth as soon as they begin to question their parents on the subject. If it were possible to keep their minds absolutely pure, and if children could be so carefully watched and supervised that no improper influence would ever be allowed to

exert itself on them, the problem would not be so complicated. But the dilemma is this: either the proper person or the improper person will enlighten our children on matters of reproduction.

Shall we see to it that the proper person does it or shall we trust to blind chance? If I do not tell my children the truth, they will learn a near-truth, if not a romantic lie, imparted to them by schoolmates.

Near truths or romantic lies have a great defect. They do not satisfy the child's mind and only cause him to dream too much of forbidden subjects and to see solely the pleasant, attractive and indecent side of the question.

Truth stops our imagination. A chemical formula does not lend itself to day dreaming, nor does an historical fact stated soberly by a conscientious historian.

Children whose minds have been poisoned by half-truths on such a tremendous subject have been known to develop obsessions and fears which later in life make them unable to lead a normal life as husbands or wives, as they too often create

impotence in men, frigidity in women. Some of them, as a consequence of their ignorance, fall into many traps and blight their health or their future.

There is something also which parents must not lose sight of. If they tell lies, such as the stork story, they will in time be found out by their children. Children have primitive ways of reasoning. Father lied to me once, hence father is a liar.

The picturesque urchin whose foul mouth deals out tabooed information acquires in the child's mind a prestige to which his reticent father could never aspire. The urchin knows, father either does not know, or does not dare to speak, or does not know how to give out the information at his command, or is generally untruthful. Whatever conclusion the baffled child reaches is disastrous.

The school is evidently not the place in which sexual information can be imparted to children. Such enlightenment must be strictly individual. Either the parents or the family physician and

no one else, at least at the present day, should be entrusted with that delicate task.

Parents or a physician, however, can present matters of sex to the child in a way which is neither romantic, nor untruthful nor indecent. They can point out the profound aspects of the problem, the great questions of life and its origin, and especially the dangers connected with the sexual life, dangers which are generally glossed over by the unripe and ignorant children who enlighten other children.

Another great problem the child has to solve is: What is right?

The definition of right and wrong for the average child is: "What father and mother do is right; what they do not do is wrong."

The result is that a child is painfully upset and often fatally injured mentally when his father and mother quarrel. The necessity of deciding in his little mind which of his parents is right and which is wrong, often leaves him so confused that he grows up to be a weak-spined

man, who is never able to make up his own mind and, in many cases, is lacking in will power.

What is will power after all but the capacity to make a quick choice in an emergency.

What is a child to do when a row starts at the breakfast table and both parents prove tc each other that they are absolutely wrong. Mother's tears may affect the child so that he begins to hate his father. But at the dinner table the battle starts afresh, and father, goaded beyond endurance, may disregard the child's presence and tell mother a few unvarnished truths about her conduct or disposition.

The child is left bereft of all personal standards because he has lost faith in father and mother alike. He knows that whatever he may do in the future would never be considered from the same point of view by both parents.

Father would criticise him to spite mother, and mother would praise him to defend her position to father. But neither father's criticisms nor mother's praise would appear very valuable

to him after he had learned to discount their actual worth.

When the child raised in such environment reaches man's estate he will find that the making of decisions is a terrible strain upon his mind. Mother would have done this, he will say to himself, but father always said she was crazy. Father would have done this but then mother always said that father was a brute. His red nerves apply the brakes whenever his motor starts, regardless of the direction he wishes to take. The result is inaction, nervousness, unhappiness, sometimes a split in the personality, a part of his personality seeking one goal, the other part another goal.

The perfectly normal child is one who up to the time of puberty has imitated both parents without showing too much partiality for either (which means that the parents had harmonized well enough not to create a conflict in the child's mind). Such a child would not be obsessed or tortured by misinformation about sex problems because they had been explained to him in a dignified way. At puberty, the normal child would

imitate the parent of the same sex without showing any hostility to the parent of the opposite sex. Finally, the normal child should while being attached to his parents be able to imitate people outside of the family circle, to acquire valuable traits not found within it and then to build up a consistent though many-sided and attractive personality.

I may mention in closing that the indifferent parent may be as dangerous to the child's mental health as the over-affectionate one. The child whom no parent has praised and petted, for instance, the orphan who has been entrusted to some institution, whose keepers, however kind they may be, cannot lavish on a hundred children the affection and care parents would lavish on every child separately, is likely to suffer from a sense of inferiority which is difficult to remove in later life. Such a child does not know he is important because no one made him feel his importance. The result is a stunting of his emotional life.

Psychoanalysis has confirmed what we knew, that unless a child is brought up in a harmonious

home by a father and mother who neither neglect him nor show him too much affection, the seed may be sown for many mental disturbances. Not every bad home produces bad results but every neurotic is the result of bad home conditions.

LESSON VII

The Hereditary Taint

What was said in the preceding lesson on the influence which early childhood impressions wield on us in later life should enable my readers to cast out one of the worst devils which torture men's minds: the fear of the hereditary taint.

I must repeat one statement I made in the lesson on the mind and the brain: the brain is simply a power plant generating electricity. What some people call our mind, our intellect, etc., and what I prefer to call our personality is not located there, however.

Our personality is made up of the millions of impressions, big and small, painful and pleasant, ephemeral and lasting, which have left a record, minute as it may be, on our nervous system.

Hence our personality was not bequeathed to us at birth but has grown with the years. There

are parts of it which will not be changed easily. Parts of it, on the other hand, which consist in the ways in which we think and express our thoughts, can constantly be modified and improved by self-study.

The hand of the dead only weighs heavily on us when we are not conscious of it. Like all ghosts, it vanishes into thin air as soon as we turn the searchlight on it.

Was your father queer? Did one of your uncles act strangely in the last years of his life, or did one of your cousins die in an insane asylum? If so, stop worrying about the possibility of your becoming like them some day.

Physical heredity is a fact which cannot be denied. It follows very definite lines, and Mendel's experiments have shown that when we cross two strains of animals or plants we can foretell with mathematical accuracy how many of the offspring will present the characters of each strain. Each species, in other words, remains true to its type, but this is as far as heredity goes. We are given a body like that of our ancestors, but the fate of

that body is pretty much entirely left in our own hands.

Physical traits and peculiarities are not "necessarily" hereditary. You look like your father or mother, but there is no earthly reason why you should have your father's bent back or your mother's weak stomach. If your father had gone daily to a gymnasium instead of sitting at home and groaning, if your mother had been more careful about her diet and her temper, both would have been healthy specimens.

If you decide that you are doomed to live with a convex back and a miserable digestion, because your parents had them, you will in all probability manage to acquire them in due time, especially if you follow the same line of irrational conduct and make no effort to escape what you call your fate.

Decide to be an athlete, adopt a rational diet, avoid excesses, develop your body and mind in every direction and you will foil "heredity" very easily.

Mental heredity is a thousand times less dan-

gerous than physical heredity. There is an element in human life which is infinitely more potent and yet more easily controlled than heredity, and which psychoanalysts have observed at work in every case—imitation.

We are what we are because we once imitated someone who was then as we are now. Little girls, in order to become women, imitate their mothers, little boys become men by imitating their fathers. Little girls who are motherless have a tendency to grow up rather too mannish unless some other woman serves as a worthy model. Fatherless boys are likewise apt to become effeminate.

Smile and the world smiles with you. Yawn and everybody in the room will start yawning. If the baby apparently refuses to pass water, turn on a faucet in the bath tub and the child will soon be the victim of imitation.

Imitation, we must remember, proceeds along the line of least effort. A tendency to follow that line is normal and human. In the neurosis that tendency is always greatly exaggerated.

Experiments made on animals illustrate the power of imitation very strikingly. Passenger pigeons never mate with any other birds, but if you let a ring dove hatch the eggs of a passenger pigeon, the young birds issuing out of those eggs will not mate with birds of their own species, but with ring doves only. *Instinct, blood* and *heredity* are in that case and in a thousand other similar cases absolutely overthrown by imitation, habit, training—call it what you like.

Certain fish kept in an aquarium imitate after a time the color or pattern of their environment, turning blue, green or red, showing on their scale a checkerboard design, etc.

The trouble is that we do not always imitate the best in our environment, but often the worst. There are several reasons for this. The worst is more easily imitated. It requires less effort to be bad than to be good, to be imperfect than to be perfect. Also the worst is often more amusing and picturesque than the best. Take children to the circus, and let them see on the one hand beautiful female riders, splendid male athletes

and, on the other hand, grotesque clowns or hideous, deformed freaks. Which will amuse them most? The freaks and clowns, of course.

A little boy I know walked for two weeks like Charlie Chaplin after watching the movie headliner for half an hour.

A neurotic father will not "beget" neurotic children, but his children will imitate him in preference to their normal mother, who, being normal, is not "funny" and does not appeal to their imagination.

A mother who tyrannizes over her household by means of her sick headaches is likely to bring up girls suffering from the same complaint, not because headaches are hereditary, but because her daughters, unconsciously aware of the power which those headaches give to their mother, will manage to repeat the performance on their own account.

Suggestion often works with deadly power. A man who believes himself "burdened" with a bad heredity may be greatly weakened by that absurd belief which is unfortunately shared by many old-

fashioned physicians. He may "let go" in a crisis, commit a theft or a crime because his father or grandfather established such a precedent and because he "knows" there is no use struggling against such "odds."

The precedent, by the way, may not be more than a legend perpetuated by inaccurate, silly or gossipy relatives. Your grandfather may have once, in a fit of anger, manhandled one of your grandmother's relatives. The incident retold by her side of the family is entered into the family records as evidence of his criminal tendencies. A man of morose disposition very often sees his trouble diagnosed by amateur psychiatrists in his family circle as "melancholia." The stupid parent who vents his anger on his offspring by making brilliant remarks such as "you are as crazy as your father (or mother) was" may start a train of thought which is very dangerous.

I personally know three brothers brought up by an unusually unintelligent mother, who had themselves committed to an insane asylum on several occasions when they lost their money or

their jobs. None of them was actually insane, altho they kept on repeating that they were bound "to go crazy like their father."

I personally investigated the father's "craziness" and found that before his death, which occurred many years ago, he had had several fits of blues, justified by serious slumps in his business. He never showed any insane trait, however, at any time. He and his wife, on the other hand, never had lived very harmoniously and his fits of depression were described by her in a rather unsympathetic fashion as "crazy fits."

Men and women have been known to reproduce the behavior even of grandparents they have never seen. Investigation has shown in many cases, and would probably show in all cases, that the parents were responsible for that phenomenon, as they believed in "genius" or "vice" or "character" skipping a generation and had constantly described their parents to their offspring.

Inbreeding is another cause for worry which some people are likely to seize upon in order to torture themselves and drive themselves into in-

sanity. "My father and mother were first cousins, hence I will sooner or later lose my mind."

They should remember that the most wonderful specimens of blooded animals, horses, bulls, etc., have been produced by inbreeding. They should remember that the marvelous Greek civilization of the fifth century B. C. was due to the inbreeding of a handful of Athenians who produced about fifteen of the world's greatest thinkers, artists, dramatists, etc. And the downfall of Hellenism was not due to any weakening of the strain, but to the invasion of Greece by powerful and ruthless barbarian hordes.

It goes without saying that if two first cousins are neurotic and marry, their children will be in a bad plight. They will only have abnormal examples before their eyes. If blood relations, however, are healthy, their offspring, unless influenced by unscientific talk about the dangers of inbreeding, are bound to be quite as hale and hardy.

Whether our heredity is good or bad, whether our father was a genius or a fool, our grandfather

a saint or a criminal, we can counteract years of imitation by becoming aware of the source of many of our involuntary acts and thoughts.

When we become convinced that we are imitating someone else instead of trying to be ourselves, imitating a weak, sick model, instead of picking out a worthy person for imitation, we can in a reasonable period of time entirely change our mode of life and our form of thought.

Our parents may have constituted the wrong kind of environment, but if we do not let sentimentalism blind us as to that fact there will be at our disposal libraries, lectures and meeting halls, where we can become acquainted with active, worthy men and women, positive and productive, whom we can and should imitate, and thus dispel the mental ghosts which thrive in the atmosphere of certain neurotic homes.

Ask yourself: Am I myself, or am I imitating someone else?

Is my model a positive one or am I following the neurotic, selfish and unsocial line of least effort?

The day when we realize the weakness of heredity and the power of imitation we shall take more pains to surround our children with influences that will upbuild them physically and mentally and avoid bandying half-scientific statements about inherited traits which at times prove a curse to the weak and gullible.

Then the knowledge of our abnormal ascendancy will not trouble us in the least. Instead of saying: "What can I do against such odds?" we shall train ourselves to avoid the mistakes of our forbears. Father killed himself by overeating. Let us not do likewise. Heredity shall then cease to be a menace and will, on the contrary, be a warning and a guide.

LESSON VIII

The Neurosis

On the basis of what has been explained in the foregoing chapters we can define every "nervous" or "mental" ailment as *the morbid expression of a craving which is not consciously recognised.*

The word nervous ailment is very unsatisfactory for the purely physical deterioration of a nerve, due to an accident or a war wound, may cause, for instance, an eyelid to close or a hand to wither. Psychoanalysis has nothing to do with such conditions which are relevant of medicine or surgery. The word mental disease is quite as unsatisfactory. "Nervous" headaches, or stomach aches, "nervous" blindness, "nervous" impotence, etc., have nothing to do with wounded nerves and are generally of "mental" origin, al-

tho the expression "mental disease" is rarely applied to them, being reserved for "insanity."

Insanity is another inaccurate word: a patient can only be described as insane when several physicians have decided that his condition makes it unsafe for him or his environment to be left at large. Hence behavior which appears insane and dangerous in one place may only appear eccentric in another place.

The word neurosis is thus far the best to designate all varieties of morbid conduct, from a slight touch of blues to violent "manic" behavior.

Many meaningless classifications of the neuroses have been offered. I will present several of those classifications, for their vocabulary is in very general use, even in the writings of the most modern psychiatrists, for convenience' sake.

For many years a distinction was drawn between neuroses and psychoses, the first term being applied to mild cases, the second to severe cases.

Three varieties of insanity were generally recognised: *Paranoia,* in which the patient has delusions of greatness and persecution; *Manic De-*

pressive Insanity, in which the patient alternates between periods of great excitement and periods of profound depression; finally, *Dementia Præcox,* including practically all the cases which were neither "pure" paranoiac nor "pure" manic depressive cases.

Dementia Præcox patients had to be further divided up into *paranoid* types, when their behavior in certain respects reminded one of paranoia; *hebephrenic* types, when they were childish and silly; *catatonic,* when they became stereotyped in their gestures, motionless, etc.

That sort of classification is handy for psychiatrists in a hurry, for it gives a clear picture of what the patient *is doing at the time when he is observed;* patients, unfortunately, do not always persevere in one line of behavior and often have to be reclassified. Nor would psychiatrists examining them independently at varying periods always agree on their diagnosis.

Freud offered a classification which is almost as arbitrary. He draws lines of demarkation be-

tween the *actual neuroses,* the *psychoneuroses* and the *psychoses.*

The actual neuroses include neurasthenia and anxiety neurosis; the psychoneuroses include hysteria, anxiety hysteria and the obsessions. Epilepsy is classified either with the neuroses or the psychoneuroses.

Freud further differentiates between the *Defence Psychoses* and the *Overpowering Psychoses.* In the first, one idea is violently repressed; in the second, a craving has absolutely overpowered the personality.

Freud's classification is very artificial for there is no "pure" clinical picture including only certain symptoms and *always* excluding all other symptoms.

Every morbid state includes anxiety, slight or severe. The vague ailment known as neurasthenia, and the various compulsions are merely symptoms, not definite disease entities.

Kempf was the first to suggest the word neurosis for all neurotic ailments, be they neuroses, psychoneuroses or psychoses.

He divides neuroses into five distinct types:

a. *Suppression Neuroses* in which the patient is more or less conscious of the cause of his trouble: for instance, a man in love, who loses his sleep or his appetite.

b. *Repression Neuroses* in which the patient cannot recognise the cause of his trouble: for instance, a patient who becomes lame in a morbid endeavor to be taken care of and insists that his lameness is due to a fall.

c. *Compensation Neuroses* in which the patient displays egotism, intolerance, boastfulness, to cover up a feeling of inferiority or undesirable wishes: for instance, a very sick man imagining he has herculean powers.

d. *Regression Neuroses* in which the patient becomes childish, lazy, slovenly.

e. *Dissociation Neuroses* in which the patient is annoyed by weird, distorted images, hallucinations, fears, etc.

Here again the criticism may be made that there are no neuroses which do not show at some time one of those five mechanisms, suppression,

repression, compensation, regression and dissociation.

Every neurotic is conscious of some suppressed cravings, unconscious of many repressed ones, always seeks compensation for some form of inferiority, regresses to a more or less distant past in his search for precedents; finally the struggle between his conscious and his unconscious personalities always results in a dissociation, a split, however slight.

I shall not therefore attempt to offer to my readers a new classification of the neuroses.

What is important after all is not the disease but the patient.

As some one said very justly: "there are no sicknesses, there are only sick people."

What is vital is the individual psychology of each neurotic.

Classifying him as a paranoiac renders no service and simply describes the way in which he is trying to reach a certain goal, *altho he does not know that he is trying to reach that goal.*

Every neurotic has a goal which he tries to

reach in morbid ways. The question to ask ourselves is then:

"What is the neurotic trying to do and why has he adopted one specific variety of morbid behavior?"

It is only when we have answered that question that we can hope to help him out of his difficulty by revealing to him what he is trying to do and pointing out a way of doing it which is pleasant and socially acceptable.

LESSON IX

The Flight from Reality and the Regression

The neurotic is or thinks he is inferior in some way. He may or may not know in what way he is inferior. He may have weak glands whose existence and location he does not even suspect. He obscurely feels, however, that *he is not like other people.*

He thinks that he cannot compete with others on a footing of perfect equality or cope as others do with life's emergencies.

Putting down that feeling as imaginary, when it appears grossly unjustified, does not solve the problem. For every imaginary inferiority has a tendency to become real. The man who never walks because *he thinks* his legs would not carry him, will, after a while, develop an actual weakness of the legs. The man who *thinks* that his

stomach cannot digest any but the lightest kind of food, may be terribly distressed when he attempts after several years of childish dieting, to eat pork or beef.

A feeling of inferiority may be forced upon us in a good many ways. A child suffering from a tuberculous hip, a rupture, intestinal inflammation, is constantly reminded by his parents or guardians that *he is not like the other children.* He finally accepts that reminder as the statement of an absolute and *permanent* fact; for while his condition deprives him of many forms of fun *it assures him numberless privileges.*

Certain conditions from which there is apparently no escape may have the same effect as a bodily disability. A girl of thirteen had been greatly spoilt by her father and mother. A baby sister was born and the newcomer at once monopolised the care and attention of parents, relatives, neighbors, family physician, servants, etc. The baby's health and comfort were the paramount issues in the government of the household, the constant topic for conversation, the baby's cute-

ness was praised, its meaningless babble considered as heavenly music. When soon after, the father died and the poor girl was for convenience' sake, shipped to a boarding school, she felt bereft of everything, of her prestige, home and mother, stolen by the baby, of her father, taken by death. She has felt "inferior" ever since.

Repeated failure to win love and affection in childhood years is very frequently a solid basis for an inferiority complex.

The man who is burdened with such a sense of inferiority or inadequacy or incompleteness, be it real or imaginary, *fears defeat* and consciously or unconsciously concentrates all his thoughts on a constant endeavor to protect himself against defeat.

Reality seems to him fraught with all sorts of perils regardless of whatever angle he may view it from. He magnifies the problems he will have to solve. *He looks for easy and ready made solutions.* He finds some of those solutions in the present and most of them in the past.

He naturally imitates other people who are, like him, "disabled" in some way and adopts uncritically their solution of their problem. As I have stated in a previous chapter, neurotic traits and ways are easier and more pleasant to copy than normal traits and ways.

He also seeks to lean on some stronger individual and his memory brings back to him images of safe situations while in the parents' care. Freud tells us that the neurotic is trying to gratify, as a grown-up, cravings which he repressed when a child. It is much more reasonable to admit with Adler that the neurotic, seeking safety, harks back to the safest period of his life, childhood. *In his childhood, all his problems were solved for him by adults in his environment.*

The more servile his imitation of his own childish behavior is, the more severe his neurosis will be. A patient at St. Elizabeth's Hospital in Washington, D. C., regressed, not only to childhood, but to the prenatal state. She spent her days squatting in a blanket hanging by its four corners

in front of a window, thus reproducing symbolically the position of the fetus in the womb.

In other words the dominant trait in the neurosis is *an attempt at escaping present reality* and at substituting for it an easier set of environmental conditions in which the neurotic will not stand in fear of defeat.

The flight from reality is carried out along the line of selfish, unsocial, least effort. The result is always, in its final analysis, and regardless of its apparent success, unpleasant for the neurotic and for his environment.

As some one said: "The neurosis is an adaptation to life which has failed." It fails because the neurotic solution for life's problems is *too direct, too simple, too primitive, too archaic,* the neurotic disregarding too completely the complexity of modern life.

The neurotic refuses to realise that every human being is a mere cell in the body social. No cell can expect to lead a separate life, unrelated to the life of the body; no cell can expect preferential treatment from the other cells unless it earns

that privilege thru unusual accomplishments. (For instance, the brain cells which are fed and protected by the entire organism because they produce the electric power without which no part of the body could remain alive.) In the human body any cell which detaches itself from the surrounding cell withers and perishes. Any cell which becomes a drain on the other cells is expelled by them.

The neurotic, thinking he is different from all other human beings, sets himself apart from the others and *attempts to secure too quickly and without giving adequate compensation* the things which he craves.

He may be a murderer, eliminating another man to acquire quickly and without work his victim's possessions, or a thief attaining the same results without violence, or a gambler who expects from luck or fate what others expect from slow, continued effort.

Others do their allotted tasks indifferently and blame convenient scapegoats for the resultant failure: "My heredity is bad," "I had no educa-

tion," "I don't sleep nights," "I am a victim of my environment," "I am a sick man," etc.

Others refuse to recognise a part of reality. Amnesia destroys a period of our past which annoys us, aphasia or stammering prevent or delay utterances of a damaging nature, blindness or deafness close our eyes or ears to unpleasant details of our environment.

Travel, in many a globe trotter, is a flight from reality into what, owing to the enchantment of distance, seems unreal.

Drugs blunt our perception of reality, and so does alcohol.

Drugs and alcohol also act as scapegoats: "I was drunk or drug-crazed at the time and I cannot remember what I did."

Heart trouble, rheumatism, sleeplessness save us from many exhausting tasks. Gastric pains assure us a better diet.

Epilepsy, fainting, sleeping sickness, etc., assure us a peaceful existence in which we shall lack neither sympathy nor care.

In dual personalities, our second state enables

us to lead a simpler life than the one we must lead in our normal state, while all the misdeeds committed in the second state are condoned.

Homosexualism protects woman from man's domination, man from woman's domination. Masturbation obviates the necessity of finding and keeping a sexual partner. Total impotence or frigidity saves us from the fear of all sexual cravings.

Complete insanity enables us to indulge in unsocial acts without fear of punishment. Finally, suicide eliminates entirely the dreaded reality.

Our choice of a neurosis depends naturally on two factors, our *vitality,* that is, the condition of our organism and especially of certain glands like the thyroid and the adrenals which make us either aggressive or submissive, and *memories* recorded in our autonomic nerves and which predispose us to act in a certain way because that way is familiar to us.

The murderer would become a sneak thief if he had weaker muscles and deficient adrenals. A devitalised liar might develop stammering or

aphasia. A weak woman may become a life invalid; with a better thyroid she might have been a nagging wife, a poisonous gossip, a brutal mother.

Memories, especially memories of neurotic solutions which *worked,* help us to select from the many available neurotic ailments.

A woman intent on escaping reality will imitate her mother's neurotic ways if they once seemed to solve her mother's problems. She will adopt her headaches, her hysterical vomiting, her fainting fits.

A patient of mine whose father died from cancer of the rectum after years of idleness, tried hard to irritate his rectum thru continuous scratching. The slightest inflammation of his rectal region, coupled with his family's superstitious belief in heredity, would have assured him at an early age the peaceful life of an invalid.

It goes without saying that in our choice of remembered solutions, we imitate ourselves first whenever convenient.

The things which worked in our past are always tried first.

A patient who had suffered from night convulsions when a child (which assured him of the mother's care day and night) developed, at twenty-seven, night fits of epilepsy, giving him the same advantages, besides an excuse for idling.

He had been a squeamish baby. At the time of his "breakdown," he developed a "nervous stomach" which compelled his mother to prepare special meals for him and prevented him from straying too far from home (added difficulty in finding employment).

A boy of fifteen sent away from home during the summer to a farm house where he received scant attention and felt very home-sick, started again to wet his bed at night as he had done till he was seven (thus compelling his mother to lavish more physical care upon him). His regression to childish enuresis made his continued sojourn in an unpleasant place an impossibility. He had to go back to his home and his mother.

Another patient wet his bed until the very

night preceding his departure for college. After that, that neurotic symptom would have only brought him humiliation *without vouchsafing him any extra care, and it disappeared.*

During the war, neurotics were often freed of their symptoms by being torpedoed, that is, submitted to an extremely painful electric discharge. The cure being worse than the ailment, the ailment yielded. That sort of treatment, however, is merely brutal and stupidly inefficient, for the symptoms it removes either return shortly afterward or are replaced by an entirely new set of symptoms. (A lame man becoming blind after being "cured" of his lameness by punitive electrotherapy.)

In the next lesson we shall review the most common neurotic ailments and analyze their actual meaning as a *means of escape from reality.*

LESSON X

Pen Pictures of Neurotics

If the limits of this book allowed me to present in all their details some of the cases I have studied, I could show that *every neurotic ailment is an invaluable asset to the neurotic,* altho a painful and undesirable asset. The neurotic, obsessed by his feeling of inferiority, does not realise that he could probably compete successfully with other human beings with fair weapons, if *he only dared to try.* But he *does not dare* and he bears a grudge to the reality that frightens him.

A well established and recognised neurotic ailment assures the neurotic the following advantages:

IT IS A SHORT-CUT TO POWER (unsocial, because lazy, selfish, dishonest or criminal).

IT ALLOWS ONE TO FOLLOW THE

LINE OF LEAST EFFORT (being cared for by one's environment).

IT ASSURES ONE OF SYMPATHY ("This sickness has wrecked my life").

IT PROTECTS ONE'S EGOTISM ("Who can tell where I would be but for my sickness?").

IT PROTECTS ONE AGAINST THE HUMILIATION OF FAILURE ("What can you expect from a sick man?").

IT INSURES ONE EXAGGERATED CREDIT FOR TRIFLING ACCOMPLISHMENTS ("I did that in spite of my sickness").

IT ENABLES ONE TO SELECT SCAPEGOATS ("I am a victim of my heredity, environment, etc.").

IT ENABLES ONE TO GET EVEN WITH PEOPLE (spending for treatment a stingy husband's money, making a disliked person suffer, compelling a bully to obey, etc.).

Every one of the pen pictures I intend to present illustrates one or more of the above assets, but complete records of cases would show that *in*

every case every one of those assets were vouchsafed to the neurotic by his or her illness.

An Insane Craving

A young woman undergoing treatment for murderous cravings, but who was beginning to understand her states of mind well enough not to do anything foolish, told me one day that, while attending a wedding the day before, "she felt an insane craving to shout" which she, however, repressed.

"What thoughts came to your mind just then?" I asked her.

"I thought: everybody will turn round to *look at me* and *come to my assistance.*"

"At what time during the ceremony did you have that thought?"

"While the pastor was *turning toward the bride* and saying *how beautiful she was.*"

When I asked my patient why she hated the bride, she first denied indignantly having ever had such feelings, but further questioning elicited the information that while my patient is small and

stout, the bride is tall and slender. The bride is a Unitarian, my patient a Baptist who considers that Unitarians are heathens. My patient eloped with her husband and did not have any elaborate wedding. The bride has a wealthy home where many guests were assembled to witness the marriage ceremony.

TRYING TO JOIN THE CROWD

A woman of forty called on me and assured me that she was going insane owing to her change of life. She had for several years financed and nursed a group of invalids living in her home, a brother, an aunt and a cousin. Her climacteric, which afterward proved not to be a climacteric, and about which she had gathered, thru unguided reading, the most absurd and inaccurate notions, seemed to be the excuse she had been seeking for years for deserting her parasites and enjoying the peace and the care-free, tho morbid, idleness, which had been their lot.

When I finally convinced her that her health should be her first consideration and prevailed

upon her to move away from her "sanatorium" and to shift its burden upon other relatives, all the symptoms of her self-diagnosed "psychopathy" (as she called it on her first visit), disappeared.

A FLIGHT FROM RESPONSIBILITY

A manufacturer worried over business difficulties became obsessed with the idea that his nervousness and sleeplessness were due *not to his business failure,* but to syphilis, which he contracted when twenty-two years of age. According to all the usual tests, his infection had been, if not cured, at least made very harmless by specific treatment.

Exactly a year before he consulted me, he had had himself committed to a hospital for the insane where he remained some ten weeks.

As both his admission to that institution and his first call on me preceded by two weeks the yearly accounting of his firm's books, I grew suspicious and drew from him the admission that he had swindled his partner out of a good deal of

money thru "private sales" and other devices and assigned almost all his possessions to his wife *"as he no longer felt competent to handle funds."*

A mere crook and pretender, the reader may remark. By no means!

A victim of the fear of exposure called remorse, and who, if exposure had come might have become a *genuine paranoiac,* ending his days in an asylum, safely removed from *financial responsibility.*

THE EGO ON PARADE

An epileptic attended a restaurant party. Every man had brought his sweetheart. He alone had no one to flirt with. So long as the conversation remained general, he did not feel "queer." As the evening wore on, however, he began to notice that the air was bad, the tobacco smoke too thick, the conversation stupid and he calculated that the bill for the entertainment (a Dutch treat) would run high. He drew a waitress into conversation and *felt better.* But when a patron, with whom she was more intimately acquainted, detracted her attention from him, *he threw a fit.*

The laughing, flirting, singing and dancing came to an end. He had been neglected by all. Now they all had to pay attention to him, pick him up, nurse him, find a physician, take him home.

He *had become the center of interest* and *avenged himself upon his friends* for their perfectly justified neglect of him which he, however, *resented* terribly.

GASTRIC PAINS WITH A PURPOSE

A husband whose digestion had always been good began to suffer torture every time he had to lunch down town. He decided that the home fare would improve his condition and he wasted a considerable time every day going home for lunch. His gastric pains disappeared almost suddenly when a friend whom he suspected of liking his wife too well left for South America.

He had reasons to believe that his wife and his friend had been lunching together frequently. But his "pride" compelled him to repress his suspicions even to himself.

A young man with a strong mother fixation had vomiting fits whenever compelled to eat at a restaurant. Being "very sickly" he seldom worked and allowed his mother to support him most of the time. At home, however, he had a ravenous appetite and did more than justice to the noon-day meal.

He *could not* take any position which did not allow him enough time to go home for lunch.

SUSPICIOUS THROAT TROUBLE

On one occasion I sent a young couple who, owing to sexual ignorance and family maladjustments, had messed up the first years of their married life on a second honeymoon. The result was disastrous. Ten days after their departure, the wife who was my patient, telephoned from a seaside resort that she would be too sick to keep her appointment the next day.

To my query "What business did you have to get sick?" she gave a rather impatient answer.

When three weeks later she returned to the

city, she upbraided me for my lack of sympathy and for asking such silly questions.

She assured me at first that she had had no reason for being sick.

I assured her that she must have had very good reasons, as experience has taught me that many a "sore throat" (diagnosed as diphtheria when the patient is well-to-do) is the "conversion" or physical expression and result of a repressed scene.

After a long cross-examination she finally made a full confession.

To her sentimental nature, the perspective of a *tête-à-tête* in that almost deserted spot (it was in the winter time) appeared very romantic. Her matter-of-fact husband, on the other hand, viewed things differently. The empty dining room meant boredom. Nor were the appointments at that time of the year what they might have been at the height of the season.

Physical comfort to him was more important than romance. Finally, the hotel rates were outrageous.

A real lover or a husband with the soul of a lover might have overlooked those details. In the course of the dinner, the tactless fool managed to intimate that the whole thing was a nuisance and that the game was not worth the candle.

After dinner, they retired to their room and *read the papers in silence* for an hour or two, after which the young wife felt very sick, feverish, etc. A doctor was summoned and diagnosed diphtheria. The doctor was young and good looking. She was quite sick for two weeks.

One will notice that the nature of her illness made all sexual intimacy impossible, in fact, compelled her husband to sleep in another room. Her sickness increased the gloom of the place, its discomfort and also *the expense of the trip.* She got even with her husband for whose crusty sordidness the attentions of the nice young physician fully made up.

TWO CASES OF PROTECTIVE DIZZINESS

1. A bank clerk suffered from dizziness and once fell, injuring his wrist severely. I soon found

out that the dizzy spells always came on the same day of the week. On that day the clerk was compelled to stay after hours and attend to special duties which easily led into temptation. As soon as I found that out, I asked him point blank: "How much have you stolen thus far?"

The amount, fortunately was not very large.

He has since confessed to his employers and is repaying the "loan" in weekly instalments. He no longer feels dizzy.

2. A young married woman also had several dizzy fits as she was leaving her home to go shopping. For several days she did not dare to venture on the street alone and asked her maid to accompany her. She had no difficulty in keeping her balance when the girl was with her.

One day, feeling better, she went out and was overcome in front of a telephone booth in a drug store. This made me suspicious and I asked her whom she was going to call up.

This brought a blush and a confession. For a month she had been struggling against the temptation to meet a man who had made several trysts

with her. Consciously she craved the excitement, the romance of the situation. Unconsciously the man was repellent to her.

Her unconscious had saved her from the temptation by "converting" her indecision into the same dizzy state which had tried to protect the bank clerk from further thefts and their consequences.

SICK HEADACHES AND SICK VOMITING

The woman suffering from sick headaches is almost invariably a weak individual who either shrinks from taking decisions or is dominated by her husband, perhaps burdened with household duties if not with several noisy, ill-behaved children.

Protected by her sick headache, she can postpone all decisions, let some one else shoulder the responsibilities and incur criticism in case of failure.

In her home she becomes a center of attention and sympathy. Her husband *must* look and act sorry whether he feels sorry or not.

She is relieved from every household care. The children are silenced. Neighbors or relatives offer assistance. The doctor calls, chats and brings news. For one, two or three days, mother has *made herself felt,* has compelled every one to *realise her importance* and is herself *a little more convinced of her real importance.*

And life resumes its humdrum course until mother facing the necessity of making another decision, seeing the possibility of defeat and humiliation, being reminded of her lack of importance, resorts once more to a flight into sickness.

Little Rollo has had a glorious time Saturday and Sunday. He is not sure he has done all his home work. And at 10.30 on Monday morning there is a dreadful teacher who is going to ask him questions. Right after breakfast or just after reaching the school house Rollo has an attack of vomiting. If this happens at home, Rollo is safe against the annoyance of going to school. If at school, who would bother, the poor sick child, who would expect him, even when the fit is over, to be as smart as a perfectly well boy would be?

Finally, the teacher, knowing that Rollo is "delicate" will not pester him in the future and makes many allowances for his "trouble."

The trouble is that all those expedients work well, too well.

When in trouble, the neurotic, negative individual who does not care to face life, has a tendency to solve his problems in the easiest way, *in a safe way which has been proved to work.*

Sickness is always a good solution for our difficulties. Chinese statesmen have made the diplomatic sickness famous. The difference between the neurotic and the Chinese statesman is that *the neurotic is really sick* and *the Chinaman pretends he is sick.*

Pretending, however, is a dangerous game. Pretend long enough that you are dignified and you will acquire a great deal of dignity. The man who stoops down, stares at the ground and drags himself along the street is likely to gradually suit his mood to his attitude and to feel depressed.

Our moods influence our attitudes but our attitudes influence our moods quite as much. The

man who thinks that he can never cope with the world's emergencies by being himself and that he must pretend and cheat will train himself soon to pretend and cheat *unconsciously.*

LESSON XI

Genius and Neurosis

Normality is indeed a very relative term. It depends upon latitude, longitude, climate, social position, local customs, etc.

The great sluggish masses of "ordinary" people who just work, reproduce their kind and accomplish daily all the acts of life according to an immutable ritual, consider themselves and are generally considered as normal.

They are normal animals, surely, but are they normal human beings? Animals go thru the monotony of invariable acts repeated day after day and are apparently satisfied.

After many centuries of cat life, cats still lie in wait near a mouse hole for the mouse that may or may not come out of the hole; robins wait for worms to crawl out of the damp sod.

Man uses mouse traps and turns up the sod for worms.

Man, or at least some men, are apparently dissatisfied with reality as they find it. Some of them proceed to *modify reality* so as to make it more pleasant *for themselves as well as for others.* Once, some man dissatisfied with walking, rode animals; dissatisfied with that mode of transportation, he hitched a vehicle to the animal and rode more comfortably; later another man discarded animals as motive power and used steam, then electricity. Finally, cloyed with travel on the surface of the earth, man rose above it, first in balloons, slow and helpless, then in dirigibles, faster and less unreliable, finally in planes speedier than any bird.

Why are animals satisfied and men dissatisfied? I don't know. But whatever the actual cause may be, man differs from the animals because animals are static and man is evolving upward.

The more marked that upward trend is in a man, the more normally human or the more ab-

normally neurotic he will be. All depends on the final result of that upward urge.

Up to a certain point neurotic and creative man are alarmingly alike. Both of them are dissatisfied with reality.

There, however, their resemblance ends.

The trip to Chicago is more pleasant nowadays than it was a hundred years ago because a dissatisfied man substituted the Twentieth Century Limited for the stage coach. And for that reason we call him a genius.

The neurotic would also be dissatisfied with the stage coach, but his dissatisfaction would express itself either thru a fit of anger in which he might abuse or destroy the stage coach or a delusion in which, while remaining at home, he might imagine he had been transported to Chicago. In neither case would he *make the trip to Chicago more pleasant for others.*

The woman in the blanket, mentioned in a previous lesson, was certainly dissatisfied with the appearance of her environment.

She thereupon devised ways and means to

eliminate a large part of that environment. A painter, sculptor, architect, reformer, of genius would have, on the other hand made that environment more pleasant *not only for himself but for others as well.*

Like the neurotic, the genius is *egotistical.* In the neurotic, egotism is a mask for a sense of inferiority. In a genius it denotes *confidence in one's aims and one's ability to realise those aims.* Every genius starts in life with a slight sense of inferiority; but instead of using that inferiority as a convenient weapon wherewith to hold up the world, the genius compensates for that inferiority in ways which will make that inferiority harmless for the whole world.

An inventor conscious of his inferiority, as far as bodily strength is concerned, creates a labor-saving device which enables him and *all the other weak people* to perform certain strenuous tasks without exhausting himself and without shirking any duty (for instance an electric washing machine, an electric crane, etc.).

The genius, like the neurotic, is inclined to withdraw from the world for periods of varying duration.

Allowing many unimportant tho well-meaning people to fritter away our time in piffling conversation, card games, "parties," etc., is not conducive to creative work, nor to the concentration which creative work requires.

But the genius withdraws from the world in order to do better work for the world. The neurotic withdraws into his blanket in order to revel in his own selfish thoughts, in his own morbid dreams.

In other words, the neurotic is always selfish. The genius always unselfish. The world is better off for the geniuses who live in it and who leave it *improved in several respects.* The world is worse off for the neurotics who live in it and leave it deteriorated.

The so-called normal people leave the world exactly as they found it. Hence we might state that the neurotic is negative, the so-called normal man

neutral and subnormal, while the creative genius alone should claim the title of normal human being, as he alone is positive and helps the human race in its upward striving.

LESSON XII

Sex and Ego

The early psychoanalysts, whose conclusions were based mainly upon their observation of hysterical cases, accepted the theory of a purely sexual etiology of the neuroses; that is, they contended that the neurosis was always traceable to a disturbance of the sexual life; they even stated that no neurosis was possible when the sexual life was absolutely normal.

Such an attitude was, of course, very one-sided. The general public, however, unfamiliar with the advance made in recent years in the field of psychoanalytic research still believes that psychonalysis occupies itself mainly with details of the patient's sexual life.

It could not, of course, neglect such an important factor, in certain cases, *the only factor,* but it pays much more attention, even in apparently

pure sexual cases, to another human craving, one which is infinitely more powerful than sex, *the ego craving* or *ego urge.*

The ego urge is the force that drives us to secure food (more food, better food, easier food and hence power), which enables us to dominate other human beings and employ them directly or indirectly to minister to our needs.

The ego urge is therefore a purely selfish craving which strives to assure the survival of the individual. It is only checked by the safety urge, the safety nerves (see frontispiece) when its exaggerated manifestations jeopardize individual survival.

The sex urge is infinitely less selfish in its normal aims.

It strives to insure the reproduction of the species, and hence is essentially altruistic. A male must seek a female in order to procreate a third human being.

The perversions, in which male seeks male or female seeks female or in which a lone male or a lone female satisfy their sexual cravings thru

masturbation, are the result of the selfish ego urge interfering with the normal exercise of sex functions.

This is why Wilhelm Stekel, a famous Austrian psychoanalyst, insists on designating homosexualism as *the homosexual neurosis.*

I said in one of the preceding paragraphs that even apparently purely sexual cases cannot be understood unless we take into consideration the interference of selfish ego cravings with the normal functions of the sex organs. One case from my practice will illustrate my meaning.

An impotent patient planned one day to make advances to his stenographer who appeared to fancy him. He was to keep her after hours and in case she responded to his advances, he had planned to take her to the theater and to supper. Alone with her, he felt that he would probably be as impotent with her as he had been with other women and sent her home.

Asked whether the incident had depressed him or humiliated him much, he blushed and answered: "No." Further questioning brought out the in-

formation that the first idea to cross his mind when the girl left him was: "I have saved about twenty dollars."

And he added: "I suppose that if I had not been impotent all my life I would not have $20,000 in my name now."

To this selfish type, potency meant lower resistance to temptation and the risk of sharing his pelf with a wife or mistress.

Sex and love lose a good deal of their mystery when restudied from the psychoanalytic point of view. They lose none of their legitimate romance but they are no longer the frightening puzzles which, to the uninitiated, cause more anxiety than real joy.

Sex attraction can be dissected easily into its component parts.

Remember some of the weddings you have attended. Now and then the bride and bridegroom made up a really handsome couple, but, how many times did you say, or think, when they walked down the aisle: What can he see in her? What can she see in him?

You know that your handsome business partner is deeply in love with his barrel-like wife, and the beautiful Mrs. Brown thinks that her shrimp of a husband is Prince Charming reincarnate.

Cynicism would not bring forth a fitting solution for the problem, for in neither case did sordid consideration influence them in the choice of a mate.

Nor can we state for certainty that your partner and Mrs. Brown acquired such unlovely spouses to spare themselves the torments of jealousy. Many neurotics are extremely jealous as they suffer from a feeling of inferiority and think that in competition with any other human being they are bound to meet defeat.

Heiresses running away with chauffeurs, wealthy men marrying girls of shadowy reputation, are very often neurotics who feel that they will dominate more completely their life mate if they select a person of inferior social status.

But those are exceptions. Nor can we explain the attraction of a homely man or woman by saying of the unprepossessing person: He is such

a good fellow, she is such a nice woman. We can like a fine fellow or a nice woman, but what makes us at times fall in love with and worship a person who is frankly homely to disinterested observers?

The first step in discussing love is to dissociate it from affection. We can feel greatly attached to a dog, a suit of comfortable clothes, an old faithful housekeeper. But we do not experience toward them the feeling which makes us unhappy unless we can see, take to our heart, pet and cherish a certain human being. It is only love which does that, love of a man for a woman, or a woman for a man. In order to study the love of the normal human being, we must have a glimpse of the love life of abnormal people. For abnormal things are simply normal things which are a trifle exaggerated. For instance the deep thinker who can ignore reality for a while and devote all his mental energy to the solution of weighty problems is normal. The man who withdraws so completely from reality that he no longer pays any attention to his environment and is obsessed by one or

two ideas for unusually long periods of time, has only gone a step farther, but he is insane.

Insanity, or we should say rather the neurosis, is a magnifying glass which enables us to study normal people better, for it exaggerates their actions as a microscope enlarges a small organism.

In the neurotic, the choice of a mate is absolutely determined, positively or negatively, by the father or mother image. By which I mean that a neurotic man will never marry unless he finds a woman who in every essential respect is like his mother. Some, on the contrary, will never marry because every woman reminds them of their mother. The first case, however, is by far the most frequently met with. The same can be said also of female neurotics. To the female child the father image should be the ideal image of manhood with all the associations of strength that go with it. To the male child, the mother image should be the ideal image of womanhood, tenderness, affection, etc. To the abnormal child that feminine or masculine ideal becomes an obsession which excludes any other ideal. After which

either that ideal is the only one worth attaining, or it is too high or too pure to be desecrated through physical association.

Thus we find many old bachelors who live with their old mother, idolize her and believe that their aversion to marriage is due to their disinclination to leave her lonely. They are generally blind to her shortcomings, physical or mental. Her taste is their standard of perfection, her opinion their norm of behavior. They will never marry until she dies. Woe then to the unfortunate woman who takes such a man as her husband, because an unusually good son is supposed to make a good life mate. He will nag her the rest of her life, comparing her constantly to his mother, and in a way which will not prove very flattering.

That slightly neurotic type of a man, suffering from what psychoanalysts call the mother-fixation, marries a woman because he imagines he finds his mother's traits and characteristics in the bride of his choice; and he resents the fact that she is not an absolute duplicate of the mother image.

The same applies to the girl with a father fixation, who adores her father and is often his constant companion.

We have all met the young woman whom many people dub cynical because she shocks them by saying that she is forever falling in love with married men. She is not cynical. She is simply pursued by the father image and attracted by men who have in common with her father two characteristics: they are much older than she and they are married.

Such is the love life of the neurotic. That of the normal men and women is ruled by the same laws, only instead of being *obsessed* by a type they are more *attracted* by that type than by any other type.

If the average man will try to remember all the women who have attracted him, he will come to the conclusion that the attraction was weaker or stronger according to the degree of resemblance those women bore to the mother image. By resemblance, I do not imply absolute similarity, mental or physical, but the possession of one or

more striking traits which impress themselves indelibly on the child's mind and which later dominate the thinking of the adult.

I once had a patient who had a nervous breakdown after an unfortunate entanglement with a married man. There had been another affair of the same sort in her life a few years before. I suspected a father fixation and asked her what the most distinctive traits of her father's appearance were, those which would strike an observer first. "His mouth and teeth and his powerful chest," she answered. The same question asked on other occasions about the other men elicited exactly the same answer.

A positive indication can then be given to those trying to decide for themselves or for others about the opportunity of a certain match.

What are the elements of the father or mother image which seem to have impressed us most? This is easily determined by a few questions answered without thinking, letting our unconscious mind speak unhampered. Then the problem is to find out whether the person who is to be selected

as a life mate has all those traits, or at least a majority of them. If he or she presents in his physical and mental makeup many characteristics of the parent image, the attraction wielded by that person will be strong and lasting. In the other case, the attraction is not a vital one and may be built upon romance, prejudice, practical considerations, all elements which never make for a durable and happy union.

It would also be a boon for both partners to know exactly what traits of theirs attracted the other. They could develop or retain that trait whenever possible. If a man was attracted to a woman because that woman had the graceful figure, dark hair and intellectual habits of his mother, she must beware of growing stout, dyeing her hair red, or becoming more and more careless about her intellect.

And if a man attracted a woman because he had white teeth, the swagger and the romantic allure of her father, how can he hope to attract her when he lets tobacco stain his teeth, and when he settles down mentally and physically?

Love is an art and a science, not a game of chance. Thousands of divorce actions would be avoided, if marriages were contracted with more regard for biological and psychological facts, and if the life partners did not cease soon after the wedding to exert themselves to attract each other. The old saying about the uselessness of throwing a bait after a fish is caught is silly indeed, for human fish do not remain caught and fresh bait has to be constantly dangled before their eyes.

LESSON XIII

The Psychoanalytic Treatment

Psychoanalysts do not attempt to treat every form of sickness. The psychoanalytic treatment should only be resorted to when family physicians, specialists, dentists, X-ray men, etc., have come to the conclusion that there is no physical cause for the patient's ailment.

The conscientious analyst generally demands a statement to that effect from the patient's family physician and should insist on a blood and spinal fluid test and an X-ray photograph of the teeth.

For I have seen cases of depression successfully cured by cathartics, and Dr. Cotton, of Trenton, has shown that a pus pocket or an impacted tooth may be responsible for serious nervous disorders.

The psychoanalytic treatment is slow, expensive and discouraging.

The analyst must break down habits of thought which the patient may have developed in the course of many years, to which he is more or less reconciled and which, to a certain extent, provide him with absurd forms of satisfaction.

He must by a thousand tests and constant cross-examination lead the patient to see his secret motives and face his unconscious weaknesses. This takes time, months, in mild cases; a year or more in severe cases.

The intimate knowledge the analyst must have of his patient cannot be acquired in the touch-and-go, pulse, tongue-and-prescription method of the average physician. Each interview must last at least forty-five minutes. Each patient must therefore pay as much as all the patients a physician would see in one hour.

For weeks and sometimes for months, no appreciable betterment can be noticed in the patient's condition. For that matter, the change is at times so gradual that patients nearing recovery remark to the analyst: "I am not better but the attitude of my father (or mother or sister or asso-

ciates, as the case may be) has changed so completely that life is much more enjoyable."

The success of the treatment presupposes a great desire to get well on the part of the patient. The neurotic who is too attached to his neurosis and derives from it too many advantages, is not always willing to part with it. In certain cases financial arrangements must be made which compel the patient to come for treatment much as he would desire to interrupt his visits.

The unstable patient who is not willing or able to make a substantial advance payment is generally bored after a few visits and stops the treatment, proclaiming everywhere that psychoanalysis has failed to cure him.

Certain classes of patients cannot be treated.

The paranoiac whom his family compels to seek help at the hands of an analyst soon comes to the conclusion that the analyst is insane or conspiring with his family to send him to an asylum.

Homosexuals of the same sex as the analyst are dangerous patients who may have delusions

about the analyst and gossip about the sexual advances they imagine he has made to them. Male homosexuals should be treated by a woman, female homosexuals by a man. Hysterical women should always be treated by a woman, provided they have no homosexual trend, for they will interpret every act of kindness on the part of a male analyst as a sexual advance; on the other hand, his professional coldness may cause them to get even with him by telling of an intimacy which does not exist.

No hard and fast rule can be laid down as to the path which an analysis should follow.

If a patient is unusually reticent or diffident, the word reaction test should be resorted to as soon as the general history of the case has been taken down.

The following list of a hundred words is generally used for those tests, but any one can prepare a different list to suit individual cases:

Head, green, water, to sing, dead, long, ship, to pay, window, friendly, to cook, to ask, cold, stem, to dance, village, lake, sick, pride, table,

ink, angry, needle, to swim, voyage, blue, lamp, to sin, bread, rich, tree, to prick, pity, yellow, mountain, to die, salt, new, custom, to pray, money, foolish, pamphlet, despise, finger, expensive, bird, to fall, book, unjust, frog, to part, hunger, white, child, to take care, pencil, sad, plum, marry, house, dear, glass, quarrel, fur, big, carrot, paint, organ, old, flower, to beat, box, wild, family, to wash, cow, friend, luck, lie, behavior, narrow, brother, to fear, stork, false, anxiety, to kiss, bride, pure, door, to choose, hay, contented, ridicule, to sleep, month, nice, woman, to abuse.

The patient, eyes closed, gives to the analyst the very first thought that occurs to him as soon as one of those key words is uttered.

Embarrassing associations are spoken more slowly than pleasant or indifferent ones. When the patient is unable to bring forth any association, the analyst knows that the key word is connected with some unpleasant, painful or humiliating memory, with a complex.

When the same answer is repeated several

times, that word or phrase is closely connected with the patient's trouble.

The mere manner in which the answers are given offers to the analyst valuable clues to the patient's modes of thinking.

The patient should be asked to bring every day a written account of his dreams.

The associations brought forth by those dreams will awaken memories of all sorts of past incidents.

Those incidents should be, if the patient spends much time in the analyst's office, told in detail, if the patient only calls a few times a week, described in writing between office calls. The patient's biography should be reconstituted piecemeal and all childhood incidents properly interpreted.

In other words, nothing which may enable the patient to see himself as he is and to trace back to his chilhood the habits of thought which have made his life inadapted to his environment should ever be neglected. For I repeat, the analytic treatment is not so much a treatment as a thoro

course in self-discovery enabling the patient to gradually realise the actual meaning of his actions and the goal he has all his life pursued unconsciously.

No attempt should be made by the analyst at changing the personality of his patient. I have been asked many times whether an artist, for instance, would still be an artist after submitting himself to psychoanalysis. Floyd Dell, the author of Moon Calf has answered that question by saying that only analysis enabled him to make the self-revelations which fill that interesting novel.

The analyst never tries to superimpose a new personality over the old, nor to shape his patient after his own image. Such results, if attained, would be only the temporary consequence of suggestion and would serve no purpose.

Any personality can live at peace with reality, provided it is not forced into absurd behavior by unconscious factors.

Analysis resolves itself into a readaptation of the patient to reality, sometimes thru a change of

occupation or environment rather than into a modification of the patient's personality.

An extreme egotist with a craving for motion would be happier driving a taxicab than sitting in an office under the supervision of some chief clerk.

An exhibitionistic woman could gratify all her cravings by indulging in Greek dancing, taking part in theatricals, etc.

A masochist, constantly seeking suffering, could make a splendid nurse.

A sadist would wield harmlessly a butcher's knife or a surgeon's scalpel, etc.

The many neurotic women who waste their life on lonely farms would probably be happy and healthy in a busy metropolis, etc.

In many cases I have found it very good for some of my more intelligent and cultured patients to start analysing some mild case of neurosis observed among their acquaintance.

We see thru others more quickly than we see thru ourselves and unsnarling some one else's mental kinks is a liberal education for ourselves.

It goes without saying that a patient who is fairly conversant with psychoanalysis and who devotes much time to the study of psychoanalytic books acquires insight more quickly than a patient who has to be guided at every step in his voyage of self-exploration.

Many analysts object to this procedure and insist that all psychoanalytical information absorbed by their patients should proceed from them exclusively. They may be unconsciously moved by an egotistical desire to control too completely their patients' thinking or a practical desire to prolong the analysis.

The successful analysis being one which proceeds at a quick pace, leading the patient from discovery to discovery with as few dull moments as possible, one can see that analysis supplemented by copious reading is likely to be less of a drag on the patient's mental and financial endurance.

In too many cases, financial considerations influence the course of the analysis and the patient's burdens should not be made heavier than necessary by spending hours telling the patient simple

facts he could read at his leisure in an inexpensive book. Patients who cannot bear the expense of analysis should apply for treatment at St. Elizabeth's Hospital, Washington, D. C., the only institution in this country where neurotics are treated according to the psychoanalytic method by a staff of physicians and laymen of the highest standing.

LESSON XIV

A Psychoanalytic Who's Who

Sigmund Freud, the founder of psychoanalysis, was born in Freiberg, Austria, in 1856. He studied medicine at the University of Vienna and his first position was that of demonstrator at the Vienna Physiological Institute. He then was appointed house physician at the General Hospital. In 1885, he became instructor in medicine at his Alma Mater. That year he left for Paris to study nervous diseases under Charcot. In 1902 he was appointed assistant professor.

On his return to Vienna, he did research work in hysteria under the direction of an older man, Dr. Joseph Breuer. Breuer, more conservative than Freud, refused to follow him along the paths which their observations were blazing.

In 1909, Freud visited the United States at the invitation of Stanley Hall and delivered a series

of lectures at Clark University, Worcester, Mass. On that occasion he was awarded the honorary degree of LL.D., which always follows his name in translations of his works.

The essential points of the Freudian doctrines, which is accepted in its entirety by only a small minority of analysts, are as follows:

Mental disease is the bursting forth of erotic wishes repressed in childhood. Erotic impulses manifest themselves long before childhood, in fact from the very time of birth. They do not arise from the genital region alone, but from all the erogenous parts of the body, that is, all the parts able to experience pleasure, the skin, the mouth, the rectum, etc.

In infancy, erotic impulses have no object outside of the body. The child is autoerotic, that is, gives himself pleasurable sensations, for instance, by sucking his thumb (which gratifies thumb and mouth). Later he loves an object like himself (homosexualism), then other beings of both sexes (bisexualism). After puberty, his preferences be-

come heterosexual, that is, male seeks female, female seeks male. Incomplete development at any stage of that development may cause later regression to that state.

In their object choice, boys favor the mother, girls the father. When that preference is exaggerated it becomes a *fixation* which has as one of its consequences hatred on the part of the child for the parent of the same sex. This is designated as the *Oedipus situation* or the *Oedipus complex,* in the case of boys, the *Electra complex* in the case of girls. This is the central complex of the neurosis.

The neurosis is an escape from reality by way of a regression to a lower grade of erotic development.

The psychoanalytic cure consists in letting the patient talk freely and in helping him to bring to consciousness his repressed unconscious cravings which become harmless as soon as the patient realizes their meaning. The process is helped along by a phenomenon called the *transference* or attachment of the patient for the analyst.

The patient who has acquired enough insight into his unconscious can then *sublimate,* that is, gratify in socially acceptable ways, which are not erotic or sexual in their nature, the unconscious cravings which he has always repressed and which have made him a neurotic.

This reduction of every mainspring of human activity to the *sexual libido* aroused a great deal of opposition from the very first. Both Dr. Carl Jung, of Zurich, and Dr. Alfred Adler, of Vienna, while accepting the psychoanalytic point of view which I sketched in the first lesson, disagree entirely with Dr. Freud on that point.

Dr. Jung refuses to consider every form of pleasure as a sexual manifestation. The *libido,* to him, is bigger than the sex urge. It is the vital urge, *the life urge itself.*

The influence of the parents on the offspring, Jung thinks, is a much more important factor of normality or abnormality than the child's erotic development. But it is not so much the actual parents as *"the father image"* and *"the mother image,"* distorted or idealised by the child which

moulds the child's mind. The parents are not the object of the child's sexual desire, but a symbol of safety, comfort, affection. To be normal, the child must at puberty, renounce all that, and go thru *the stage of self-sacrifice.*

To Jung, dreams are not so much the fulfillment of wishes as they are a true picture of the situation as viewed unconsciously by the patient.

Nor are repressed childhood cravings the actual cause of the neurose. The neurose is due to the fact that the patient finds himself in a *conflict which he is trying not to solve for himself.*

The analysis is not, therefore, a reduction of morbid phenomena to childish erotic cravings but *a high moral task of immense educational value.*

The patient must be led to seek a solution of his conflicts on a higher plane where primitive cravings and ethical duties no longer clash.

Morality, however, is a varying element and hence the patient must develop a new faith that will give expression to all his finer aspirations.

Instead of placing the emphasis on the past as

Freud does, Jung places the emphasis on the present. The reader can readily see how the two viewpoints can be reconciled.

In certain cases frankly erotic cravings predominate, in others, cravings are of a different character. In certain cases, it is the symbolic image of the parents which dominates the child's thinking, in other cases, there may be actual incestuous influences at work. Every "Freudian" case is bound to present many "Jungian" aspects and vice versa.

But even a combination of the Freudian and the Jungian theories would still leave many phenomena unexplained. The childishness and regressive tendencies of the neurotic are fully accounted for by them, but *the neurotic's aggressive traits* require a more searching interpretation.

Furthermore, both Freud and Jung appear rather superficial to the modern scientist who is compelled to discard the traditional distinction between the mind and the body.

How is it that a mental distortion can produce thru the phenomenon called by Freud *conversion,*

a physical symptom, paralysis, blindness, vomiting, etc.? Freud and Jung leave this question unanswered.

Adler links more closely mental and physical phenomena thru his *theory of organ inferiority and compensation.*

Adler does not favor the term psychoanalysis and prefers to speak of *individual psychology.*

While Freud considers the *libido* as a striving toward pleasure, and Jung as the life force itself, Adler says that all human activities and effort tend toward a goal which is the *completeness of existence and function.*

Nature is constantly trying to compensate whatever incompleteness is found in the organism. After removal of one kidney, for instance, the other grows larger and does the work of two, etc. The neurotic is a being who feels in some way inferior and is trying to compensate in abnormal ways for that inferiority and incompleteness.

The neurotic views the world as made up of some people who are *above* and others who are

below. His safety demands that he shall be *above.* To that antithesis he soon adds another one: *masculine* and *feminine.*

Male or female, the neurotic wishes to be a *complete man* for to his mind *masculine* means *superior.*

The morbid infantilism of neurotic sexuality is not due to the emerging of old repressions. It is being dragged into the neurotic picture by the neurotic who finds in it a convenient weapon and *excuse for unsocial demeanor.*

The neurosis, to Adler, is a morbid life plan Freud stressed the past, Jung the present. Adler stressed the future.

The essential aim of the Adlerian treatment is to lead the neurotic back to social ways and to inject into him the *community sense* he lacks, after interpreting his unsocial ways as forms of attempted aggression.

With Dr. Edward J. Kempf of New York City, we reach a neurological view of the personality which clears off all the mysteries of the unconscious and substitutes a purely medical vocabulary

for the complicated and romantic explanations of the first analysts.

Kempf considers that emotions are due to tensions assumed by certain parts of the autonomic system (see Lesson IV).

Any exaggerated craving, sex, ego, fear, hatred, hunger, etc., may be the cause of a neurosis if our environment compels us to repress that craving too completely.

The treatment according to Kempf consists in developing a *transference,* that is, the unlimited confidence of the patient in the analyst whereby the patient is enable to recognise consciously and without fear all his tabooed cravings.

When the patient is able to accept those cravings as a part of his personality he is then free from fear and able to readjust himself to his environment.

The best known American analysts are:

In New York City: Dr. A. A. Brill, translator of Freud's work; Dr. Beatrice Hinckle, translator and annotator of Jung's works; Dr. Smith Ely Jelliffe, Editor of the "Psychoanalytic Review";

Dr. E. J. Kempf, author of "Psychopathology"; Dr. H. W. Frink, author of "Morbid Fears and Compulsions"; Dr. Bernard Glueck, translator of Adler's "Neurotic Constitution"; Dr. David O. Edson, author of "Getting What We Want"; Dr. Gregory Stragnell, editor of the New York Medical Journal; Dr. Elizabeth Severn, author of "Psychology and Behavior."

In Washington, D. C.: Dr. William White, author of "Elements of Character Formation," "Mental Hygiene," etc.; Dr. Lucille Dooley and Dr. E. Lazelle, contributors to the Psychoanalytic Review. Dr. Lazelle has delivered lectures on psychoanalysis before groups of insane people at St. Elizabeth's Hospital with excellent therapeutic results.

In Bridgeport, Conn., Dr. S. L. Katzoff.

In Boston, Dr. I. Coriat, author of "Repressed Emotions."

In Chicago, Dr. Ralph C. Hamill.

In St. Paul, Minn., Dr. Charles R. Ball.

In Portland, Oregon, Dr. Virgil MacMickle.

In Pasadena, Cal., Dr. Josephine A. Jackson

and Helen M. Salisbury, authors of "Outwitting Our Nerves."

The psychoanalytic treatment is applied at St. Elizabeth's Hospital in Washington, D. C., which is directed by Dr. William White. Psychoanalysis of the Freudian school is taught at New York University by Dr. Brill and modern psychoanalysis is taught at Dartmouth College where Tridon's "Psychoanalysis" is used as a text book.

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